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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF NORTH CAROLINA	-	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Joshua First name Ryan Middle name Cromer Last name and Suffix (Sr., Jr., II, III)	Donna First name Williams Middle name Cromer Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.	Joshua R. Cromer	Donna Williams Dunlap
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2508	xxx-xx-3879

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Debtor 1 Joshua Ryan Cromer
Debtor 2 Donna Williams Cromer Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	■ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live	1722 Sauratown Road	If Debtor 2 lives at a different address:
		Germanton, NC 27019-9550 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Stokes	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Part 7.	_					
	2: Tell the Court About \	our Bankrup	otcv Case			
	The chapter of the Bankruptcy Code you are	Check one. (For a brief descr	iption of each, see <i>Notice Required b</i> top of page 1 and check the appropri	y 11 U.S.C. § 342(b) for Individuals Filing for Bankru ate box.	uptcy
	choosing to file under	☐ Chapter				
		☐ Chapter	11			
		☐ Chapter	12			
		■ Chapter	13			
8.	How you will pay the fee	about order. a pre- _l	how you may pay If your attorney is printed address.	y. Typically, if you are paying the fee s submitting your payment on your be	eck with the clerk's office in your local court for more yourself, you may pay with cash, cashier's check, or shalf, your attorney may pay with a credit card or che	r money eck with
				n installments. If you choose this op Iments (Official Form 103A).	tion, sign and attach the Application for Individuals t	to Pay
		☐ I reque	est that my fee I	be waived (You may request this opt vaive your fee, and may do so only if	ion only if you are filing for Chapter 7. By law, a judg your income is less than 150% of the official poverty in installments). If you choose this option, you mus	line that
		the Ap	pplication to Have	the Chapter 7 Filing Fee Waived (O	ficial Form 103B) and file it with your petition.	
9.	Have you filed for bankruptcy within the	■ No.				
	last 8 years?	☐ Yes.				
			District	When	Case number	
		_	District	When	Case number	
		E	District	When	Case number	
10.	Are any bankruptcy cases pending or being	■ No				
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.				
			ebtor		Relationship to you	
			District	When	Case number, if known	
			ebtor		Relationship to you	
		D	District	When	Case number, if known	
11.	Do you rent your residence?	□ No.	Go to line 12.			
	residence :	Yes.	Has your landlor	d obtained an eviction judgment agai	nst you and do you want to stay in your residence?	
			■ No. Go to	o line 12.		
				out <i>Initial Statement About an Evictio</i> cy petition.	n Judgment Against You (Form 101A) and file it with	ı this

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	otor 1 otor 2	Joshua Ryan Cron Donna Williams C			Case number (if known)
Par	t 3:	Report About Any Bu	sinesses `	You Own as a Sole Pro	prietor
12.	of an	ou a sole proprietor y full- or part-time ness?	■ No.	Go to Part 4.	
			☐ Yes.	Name and location o	business
	busin an ind separ as a d	e proprietorship is a ess you operate as dividual, and is not a rate legal entity such corporation, ership, or LLC.		Name of business, if	any
	sole p	have more than one proprietorship, use a rate sheet and attach		Number, Street, City	State & ZIP Code
	it to th	nis petition.		Check the appropriat	e box to describe your business:
				☐ Health Care I	Business (as defined in 11 U.S.C. § 101(27A))
				☐ Single Asset	Real Estate (as defined in 11 U.S.C. § 101(51B))
				☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
				☐ Commodity E	roker (as defined in 11 U.S.C. § 101(6))
				☐ None of the a	bove
13.	Chap Bank	rou filing under oter 11 of the rruptcy Code and are a small business or?	deadlines operation	s. If you indicate that you	the court must know whether you are a small business debtor so that it can set appropriate are a small business debtor, you must attach your most recent balance sheet, statement of and federal income tax return or if any of these documents do not exist, follow the procedure
	For a	definition of small	No.	I am not filing under	Chapter 11.
	busin	ess debtor, see 11 C. § 101(51D).	□ No.	I am filing under Cha Code.	oter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
			☐ Yes.	I am filing under Cha	oter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4:	Report if You Own or	Have Any	Hazardous Property o	Any Property That Needs Immediate Attention
14.	proposition alleger of im	ou own or have any erty that poses or is ed to pose a threat minent and ifiable hazard to	■ No. □ Yes.	What is the hazard?	
	publi Or do prope	c health or safety? byou own any erty that needs ediate attention?		If immediate attention is needed, why is it needed	
	perisi livest or a b	xample, do you own hable goods, or ock that must be fed, building that needs nt repairs?		Where is the property?	
	-				Number, Street, City, State & Zip Code

Case 16-51181 Doc 1 Filed 11/18/16 Page 5 of 70 Debtor 1 Joshua Ryan Cromer Debtor 2 **Donna Williams Cromer** Case number (if known) Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 15. Tell the court whether You must check one: You must check one: you have received a I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed briefing about credit counseling agency within the 180 days before I counseling. filed this bankruptcy petition, and I received a this bankruptcy petition, and I received a certificate of certificate of completion. completion. The law requires that you Attach a copy of the certificate and the payment plan, if Attach a copy of the certificate and the payment receive a briefing about plan, if any, that you developed with the agency. any, that you developed with the agency. credit counseling before you file for bankruptcy. I received a briefing from an approved credit I received a briefing from an approved credit You must truthfully check counseling agency within the 180 days before I filed counseling agency within the 180 days before I one of the following filed this bankruptcy petition, but I do not have this bankruptcy petition, but I do not have a certificate choices. If you cannot do a certificate of completion. of completion. so, you are not eligible to file. Within 14 days after you file this bankruptcy Within 14 days after you file this bankruptcy petition, you petition, you MUST file a copy of the certificate and MUST file a copy of the certificate and payment plan, if If you file anyway, the court payment plan, if any. can dismiss your case, you will lose whatever filing fee I certify that I asked for credit counseling ☐ I certify that I asked for credit counseling services you paid, and your services from an approved agency, but was from an approved agency, but was unable to obtain creditors can begin unable to obtain those services during the 7 those services during the 7 days after I made my collection activities again. request, and exigent circumstances merit a 30-day days after I made my request, and exigent circumstances merit a 30-day temporary waiver temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the attach a separate sheet explaining what efforts you made requirement, attach a separate sheet explaining to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for circumstances required you to file this case. bankruptcy, and what exigent circumstances Your case may be dismissed if the court is dissatisfied required you to file this case. with your reasons for not receiving a briefing before you Your case may be dismissed if the court is filed for bankruptcy. dissatisfied with your reasons for not receiving a If the court is satisfied with your reasons, you must still briefing before you filed for bankruptcy. receive a briefing within 30 days after you file. You must If the court is satisfied with your reasons, you must file a certificate from the approved agency, along with a still receive a briefing within 30 days after you file. copy of the payment plan you developed, if any. If you do You must file a certificate from the approved not do so, your case may be dismissed. agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case Any extension of the 30-day deadline is granted only for may be dismissed. cause and is limited to a maximum of 15 days. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about I am not required to receive a briefing about credit credit counseling because of: counseling because of: ☐ Incapacity. Incapacity. I have a mental illness or a mental deficiency I have a mental illness or a mental deficiency that that makes me incapable of realizing or makes me incapable of realizing or making rational making rational decisions about finances. decisions about finances. Disability. Disability. My physical disability causes me to be My physical disability causes me to be unable to unable to participate in a briefing in person, participate in a briefing in person, by phone, or by phone, or through the internet, even after I through the internet, even after I reasonably tried to reasonably tried to do so. do so.

Active duty.

combat zone.

of credit counseling with the court.

I am currently on active military duty in a military

If you believe you are not required to receive a briefing

about credit counseling, you must file a motion for waiver

Active duty.

military combat zone.

I am currently on active military duty in a

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver credit counseling with the court.

П

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Deb Deb	tor 1 Joshua Ryan Croi tor 2 Donna Williams C				Case nu	umber (if known)	
Part	6: Answer These Quest	ions for R	eporting Purposes				
16.	What kind of debts do you have?	16a.	Are your debts primarily consurred individual primarily for a personal,			e defined in 11 U.S.C. § 101(8	3) as "incurred by an
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.	Are your debts primarily busines money for a business or investmen				ain
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you owe th	at are not consume	r debts or bus	siness debts	
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7. Go	o to line 18.			
	Do you estimate that after any exempt	☐ Yes.	I am filing under Chapter 7. Do you are paid that funds will be available				ministrative expenses
	after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?		□No				
	be available for distribution to unsecured		Yes				
18.	How many Creditors do you estimate that you	■ 1-49 □ 50-99		☐ 1,000-5,000 ☐ 5001-10,000		□ 25,001-50,000 □ 50,001-100,000	
	owe?	☐ 100-19 ☐ 200-9	99	10,001-25,000		☐ More than100,0	
19.	How much do you estimate your assets to	■ \$0 - \$9	50,000 01 - \$100,000	□ \$1,000,001 - \$ □ \$10,000,001 - \$		□ \$500,000,001 - □ \$1,000,000,000	
	be worth?	□ \$100,0	001 - \$500,000 001 - \$1 million	□ \$50,000,001 - 5 □ \$100,000,001		□ \$10,000,000,000 □ More than \$50	
20.	How much do you estimate your liabilities	□ \$0 - \$5	50,000 101 - \$100,000	□ \$1,000,001 - \$ □ \$10,000,001 - \$		□ \$500,000,001 - □ \$1,000,000,00	
	to be?	□ \$100,0	001 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$ □ \$100,000,001	\$100 million	\$10,000,000,0	01 - \$50 billion
Part	7: Sign Below						
For	you	I have ex	amined this petition, and I declare u	under penalty of per	jury that the ir	nformation provided is true a	nd correct.
			chosen to file under Chapter 7, I am tates Code. I understand the relief a				
			rney represents me and I did not pa t, I have obtained and read the noti				fill out this
		I request	relief in accordance with the chapte	er of title 11, United	States Code,	, specified in this petition.	
		bankrupto and 3571					
			ua Ryan Cromer Ryan Cromer			/illiams Cromer ams Cromer	
			e of Debtor 1		ignature of D		
		Executed	November 18, 2016 MM / DD / YYYY	E		November 18, 2016	
						· 	

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Debtor 1 Joshua Ryan Cro Debtor 2 Donna Williams C		Cas	e number (if known)
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petition, d under Chapter 7, 11, 12, or 13 of title 11, United States for which the person is eligible. I also certify that I have	Code, and have e	explained the relief available under each chapter
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, certify the schedules filed with the petition is incorrect.		
	/s/ Stephen D. Ling	Date	November 18, 2016
	Signature of Attorney for Debtor	<u> </u>	MM / DD / YYYY
	Stankan D. Lina		
	Stephen D. Ling		
	Timos namo		
	Ling & Farran Firm name		-
	1515 W. Cornwallis Drive, Suite 101		
	Greensboro, NC 27408-6334		
	Number, Street, City, State & ZIP Code		
	Contact phone (336) 272-2157	Email address	lingandfarran@bellsouth.net
	05718		
	Bar number & State		

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Fill	in this information to identify your o	case:			
Deb	otor 1 Joshua Ryan Cror	mer Middle Name	Last Name		
Deb	otor 2 Donna Williams C		Last Name		
	suse if, filing) First Name	Middle Name	Last Name		
Uni	ted States Bankruptcy Court for the:	MIDDLE DISTRICT OF I	NORTH CAROLINA		
Cas	se number				
	iown)			_	t if this is an ded filing
Su Be a	as complete and accurate as possibl	e. If two married people s first; then complete th	d Certain Statistical Information are filing together, both are equally responsible for information on this form. If you are filing amend the box at the top of this page.	or supplyin	
Par	t 1: Summarize Your Assets				
				Your as	ssets of what you own
1.	Schedule A/B: Property (Official Fo 1a. Copy line 55, Total real estate, fro			\$	0.00
	1b. Copy line 62, Total personal prop	perty, from Schedule A/B		\$	36,960.00
	1c. Copy line 63, Total of all property	on Schedule A/B		\$	36,960.00
Par	t 2: Summarize Your Liabilities				
					abilities t you owe
2.	Schedule D: Creditors Who Have Cla 2a. Copy the total you listed in Colum		(Official Form 106D) he bottom of the last page of Part 1 of Schedule D	\$	43,714.00
3.	Schedule E/F: Creditors Who Have L 3a. Copy the total claims from Part 1		Form 106E/F) s) from line 6e of <i>Schedule E/F</i>	\$	998.00
	3b. Copy the total claims from Part 2	2 (nonpriority unsecured cl	aims) from line 6j of Schedule E/F	\$	53,855.00
			Your total liabilities	\$	98,567.00
Par	t 3: Summarize Your Income and	Expenses			
4.	Schedule I: Your Income (Official For Copy your combined monthly income		I	\$	5,139.00
5.	Schedule J: Your Expenses (Official Copy your monthly expenses from lin			\$	4,283.00
Par	t 4: Answer These Questions for A	Administrative and Statis	stical Records		
6.	Are you filing for bankruptcy unde ☐ No. You have nothing to report	•	neck this box and submit this form to the court with yo	ur other sch	nedules.
7.	■ Yes What kind of debt do you have?				
			lebts are those "incurred by an individual primarily for g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not primarily c		e nothing to report on this part of the form. Check this	s box and s	ubmit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Debtor 1 Debtor 2	Joshua Ryan Cromer Donna Williams Cromer	Case number (if known)		

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

6,861.79

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	998.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	998.00

	Case 10-5	1181 DOC1 Filed 11/18/10 P	age 10 or 70	
Fill in this infor	mation to identify your case a	nd this filing:		
Debtor 1	Joshua Ryan Cromer			
	First Name	Middle Name Last Name		
Debtor 2 (Spouse, if filing)	Donna Williams Crome First Name	r Middle Name Last Name		
United States Ba	ankruptcy Court for the: MIDD	LE DISTRICT OF NORTH CAROLINA		
Case number _				☐ Check if this is an amended filing
Official Fo	orm 106A/B			ű
	e A/B: Property	/		12/15
Answer every quest Part 1: Describe 1. Do you own or No. Go to Pa Yes. Where Part 2: Describe Do you own, lead someone else driven	Each Residence, Building, Land, have any legal or equitable interes rt 2. is the property? Your Vehicles se, or have legal or equitable	ate sheet to this form. On the top of any additional page or Other Real Estate You Own or Have an Interest In st in any residence, building, land, or similar property? interest in any vehicles, whether they are register report it on Schedule G: Executory Contracts and Unicles, motorcycles	ered or not? Include any ve	
■ Yes				
3.1 Make: _ Model:	Acura MDX	Who has an interest in the property? Check one ☐ Debtor 1 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
Year:	2012	Debtor 2 only	Current value of the	Current value of the
Approxima	te mileage: 74k	■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
Other infor	mation:	\square At least one of the debtors and another		
		☐ Check if this is community property (see instructions)	\$22,500.00	\$22,500.00
3.2 Make:	Chevrolet	Who has an interest in the property? Check one	Do not deduct secured cla	
Model:	1500 Silverado	Debtor 1 only	Creditors Who Have Clair	
-	2003	Debtor 2 only	Current value of the	Current value of the
Approxima Other infer		Debtor 1 and Debtor 2 only	entire property?	portion you own?
Other infor	mauon:	☐ At least one of the debtors and another		
		Check if this is community property (see instructions)	\$7,000.00	\$7,000.00

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	2 <u>D</u>	oshua Ryan Cromer Jonna Williams Cromer	с	ase number (if known)	
ı	Make: Model: Year:	Harley Davdison Motorcycle 2012	Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only	the amount of any secur	claims or exemptions. Put ed claims on Schedule D: nims Secured by Property. Current value of the
		nate mileage:	■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	formation:	At least one of the debtors and another		
	_ease(Check if this is community property (see instructions)	\$0.00	\$0.0
Exam	nples: B		and other recreational vehicles, other vehicles, ar watercraft, fishing vessels, snowmobiles, motorcycle		
J Y∈	es				
			own for all of your entries from Part 2, including a ite that number here		\$29,500.00
rt 3:	Descri	be Your Personal and Househol	d Items		
•		, , ,	e interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	mples:	goods and furnishings Major appliances, furniture, line	ens, china, kitchenware		
	-				
	-	scribe			
	-	Appliances,	china, furniture, tv, stereo/radio, vcr/dvd play , lawn mower, tools,, desk & computer equip		\$1,850.0
■ Y	tronics	Appliances, conditioners	, lawn mower, tools,, desk & computer equip	ment	<u> </u>
Elect Exa	tronics	Appliances, o conditioners Televisions and radios; audio,	, lawn mower, tools,, desk & computer equip	ment	<u> </u>
Elect Exal N N Y	tronics mples:	Appliances, conditioners Televisions and radios; audio, including cell phones, cameras escribe	video, stereo, and digital equipment; computers, printes, media players, games	ers, scanners; music collect	ions; electronic devices
Elect Exal N Y Collegan	tronics mples:	Appliances, conditioners Televisions and radios; audio, including cell phones, cameras escribe s of value Antiques and figurines; painting	video, stereo, and digital equipment; computers, printes, media players, games	ers, scanners; music collect	ions; electronic devices
Elect Exal N Y Collegan	tronics mples:	Appliances, conditioners Televisions and radios; audio, including cell phones, cameras escribe s of value Antiques and figurines; painting other collections, memorabiliar escribe	video, stereo, and digital equipment; computers, printes, media players, games	ers, scanners; music collect	ions; electronic devices
Elect Exam N Y Colleg Exam N Y Y	tronics mples: lo es. De ectibles mples: lo es. De	Appliances, conditioners Televisions and radios; audio, including cell phones, cameras escribe s of value Antiques and figurines; painting other collections, memorabilia, escribe Paintings/art for sports and hobbies	video, stereo, and digital equipment; computers, printes, media players, games gs, prints, or other artwork; books, pictures, or other art collectibles	ers, scanners; music collect	ions; electronic devices aseball card collections;
Elect Exam N Y Collete Exam N Y Collete Exam N Y Collete Exam N N N N N N N N N N N N N N N N N N N	tronics mples: lo es. De ectibles mples: lo es. De	Appliances, conditioners Televisions and radios; audio, including cell phones, cameras escribe s of value Antiques and figurines; painting other collections, memorabilia, escribe Paintings/art for sports and hobbies Sports, photographic, exercise	video, stereo, and digital equipment; computers, printes, media players, games gs, prints, or other artwork; books, pictures, or other artwork collectibles	ers, scanners; music collect	aseball card collections;

■ No

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Debtor 1 Debtor 2	Joshua Rya Donna Willia	n Cromer ams Cromer		Case number (if known)	
☐ Yes.	Describe				
□ No		othes, furs, leather coats	s, designer wear, shoes, accessorie	s	
		Clothing			\$100.00
□ No		ewelry, costume jewelry,	engagement rings, wedding rings, h	eirloom jewelry, watches, gems,	gold, silver
		Jewelry			\$50.00
Exam □ No	arm animals ples: Dogs, cats, Describe	birds, horses			
		Pets			\$20.00
for P	art 3. Write that escribe Your Finan	number here	om Part 3, including any entries f		\$2,160.00 Current value of the portion you own? Do not deduct secured
■ No □ Yes.		have in your wallet, in yo	our home, in a safe deposit box, and	on hand when you file your petit	claims or exemptions.
			I accounts; certificates of deposit; slounts with the same institution, list of		houses, and other similar
			Institution name:		
		17.1. checking	вв&т		\$300.00
		or publicly traded stoc , investment accounts wi	cks ith brokerage firms, money market a	occounts	
		Institution or is	ssuer name:		
	ublicly traded st venture	tock and interests in in	corporated and unincorporated b	usinesses, including an intere	st in an LLC, partnership, and

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	ebtor 1 ebtor 2		yan Cromer Iliams Cromer		Case number (if known)
	☐ Yes.	Give specific	information about then Name of entity		% of ownership:
20	Negoti Non-ne ■ No	iable instrume egotiable insti	ents include personal ch	ther negotiable and non-negotiable ecks, cashiers' checks, promissory cannot transfer to someone by signing	notes, and money orders.
21		-	ion accounts in IRA, ERISA, Keogh,	401(k), 403(b), thrift savings account	nts, or other pension or profit-sharing plans
	■ Yes.	List each acc	ount separately. Type of account:	Institution name:	
			403 (b)	Fidelity	\$5,000.00
22	Your s Examp ■ No	hare of all uni oles: Agreeme			s, water), telecommunications companies, or others
	☐ Yes.			Institution name or	individual:
23	Annuit ■ No □ Yes	`	ct for a periodic paymer	nt of money to you, either for life or for	or a number of years)
24			1), 529A(b), and 529(b)	(1).	or under a qualified state tuition program.
	☐ Yes				ds of any interests.11 U.S.C. § 521(c):
25	. Trusts, ■ No	, equitable or	tuture interests in pr	operty (other than anything listed	in line 1), and rights or powers exercisable for your benefit
	☐ Yes.	Give specific	information about then	٦	
26				ecrets, and other intellectual prop s, proceeds from royalties and licen	
	☐ Yes.	Give specific	information about then	٦	
27	Examp ■ No	oles: Building	•	ses, cooperative association holding	gs, liquor licenses, professional licenses
			information about then	1	
M	oney or	property owe	ed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28	_	funds owed t	o you		
	■ No □ Yes.	Give specific	information about them	, including whether you already filed	the returns and the tax years
29	Examp ■ No		or lump sum alimony,	spousal support, child support, main	tenance, divorce settlement, property settlement

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_	ebtor 1 ebtor 2	Joshua Ryan Cromer Donna Williams Cromer	Case number (if known)	
30.	Exam	amounts someone owes you ples: Unpaid wages, disability insurance payments, disability benefits, si benefits; unpaid loans you made to someone else	ick pay, vacation pay, workers' compe	nsation, Social Security
	■ No □ Yes.	. Give specific information		
31.		sts in insurance policies uples: Health, disability, or life insurance; health savings account (HSA);	credit, homeowner's, or renter's insural	nce
	■ Yes.	Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
		Term life insurance through employer	spouse	\$0.00
	If you somed	nterest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance one has died. Give specific information	e policy, or are currently entitled to rec	eive property because
33.	Exam ■ No	s against third parties, whether or not you have filed a lawsuit or maples: Accidents, employment disputes, insurance claims, or rights to sue to Describe each claim		
34.	Other No	contingent and unliquidated claims of every nature, including cour	nterclaims of the debtor and rights to	set off claims
	☐ Yes.	Describe each claim		
	■ No	nancial assets you did not already list . Give specific information		
36		the dollar value of all of your entries from Part 4, including any entrart 4. Write that number here		\$5,300.00
Pa	rt 5: De	escribe Any Business-Related Property You Own or Have an Interest In. List	any real estate in Part 1.	
37.	Do you	own or have any legal or equitable interest in any business-related property	?	
	_	o to Part 6. Go to line 38.		
Pa		escribe Any Farm- and Commercial Fishing-Related Property You Own or Ha you own or have an interest in farmland, list it in Part 1.	ve an Interest In.	
46.	_ `	u own or have any legal or equitable interest in any farm- or comme . Go to Part 7.	ercial fishing-related property?	
	☐ Yes	s. Go to line 47.		
Pa	rt 7:	Describe All Property You Own or Have an Interest in That You Did Not Li	st Above	
53.	Exam	u have other property of any kind you did not already list? ples: Season tickets, country club membership		
	■ No □ Yes.	. Give specific information		
54	. Add	the dollar value of all of your entries from Part 7. Write that number	here	\$0.00

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Joshua Ryan Cromer Debtor 1 Debtor 2 **Donna Williams Cromer** Case number (if known) List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$29,500.00 Part 3: Total personal and household items, line 15 57. \$2,160.00 58. Part 4: Total financial assets, line 36 \$5,300.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$36,960.00 Copy personal property total \$36,960.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$36,960.00

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In re	Joshua Ryan Cromer Donna Williams Cromer		Case No.	
		Debtors		

SCHEDULE A/B - PROPERTY Attachment A

VALUATIONS:

Value of 2012 Acura MDX and 2003 Chevrolet Silverado 1500 based on NADA less 10%.

Value of household goods and other personal property based on debtors' estimate of replacement value.

91C (09/13)

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF NORTH CAROLINA

In the Matter of: Joshua Ryan Cromer Donna Williams Cromer) Case No.		
	Debtor.) DEBTOR'S CLAIM FOR))	PROPERTY EXEI	MPTIONS
		y claim the following property as exemp Carolina, and non-bankruptcy federal la		J.S.C. §
Check if the debtor of debtor or a dependent of		y amount of interest that exceeds \$125,00 residence.	00 in value in prop	perty that the
BURIAL PLOT. (NCGS 1C Select appropriate exemption Total net value not to a Total net value not	-1601(a)(1)). amount below: be exceed \$35,000. exceed \$60,000. (Debt	tor is unmarried, 65 years of age or older, pro	perty was previousl	
Description of Property & Address -NONE-	Market Value	Mtg. Holder or Lien Holder(s)	Amt. Mtg. or Lien	Net Value
(This amou	Exemption I portion of exemption, if any, may be continuous any property	ston, not to exceed \$5,000. \$ carried forward and used to claim owned by the debtor. (NCGS		0.00 0.00 5,000.00
		ing property is claimed as exempt pursua g to property held as tenants by the entire		522(b)(3)(B) and
Description of Property & Address -NONE-	Market Value	Mtg. Holder or Lien Holder(s)	Amt. Mtg. or Lien	Net Value
3. MOTOR VEHICLE. (NCG exempt not to exceed \$3,500.		Only one vehicle allowed under this parag	graph with net val	ue claimed as
Year, Make, Model of Auto 2003 Chevrolet 1500 Silverado	Market Value 7,000.00	Lien Holder(s) Lendmark Financial Services	Amt. Lien 9,392.00	Net Value 0.00
(a) Statutory allowance(b) Amount from 1 (b) above to be used(A part or all of 1 (b) may be used	1 0 1	\$	_	
	Total N	et Exemption \$ 0.00	_	
		ROFESSIONAL BOOKS. (NCGS 1C-laimed as exempt not to exceed \$2,000.)		by debtor or
Description -NONE-	Market Value	Lien Holder(s)	Amt. Lien	Net Value

Case 16-51181 Doc 1 Fi	iled 11/18/16	Page 18 of 70	
91C (<i>09/13</i>)			
(a) Statutory allowance(b) Amount from 1 (b) above to be used in this paragraph.(A part or all of 1 (b) may be used as needed.)	\$ \$	2,000.00	
(A part of all of 1 (b) may be used as needed.) Total Net Exemp		0.00	
5. PERSONAL PROPERTY USED FOR HOUSEHOLD DEBTOR'S DEPENDENTS. (NCGS 1C-1601(a)(4). Ded debtor plus \$1,000 for each dependent of the debtor, not to	ebtor's aggregate ir	nterest, not to exceed \$5,00	
Description Valu Clothing, appliances, china, jewelry, furniture, pets, tv, stereo/radio, vcr/dvd player, air conditioners,	T . TT 11	er(s) Amt. Lien	Net Value
paintings/art/home decor, lawn mower, tools, cd's/dvd's, eliptical equipment, desk & computer equipment 2,160.0	0		2,160.00
		Total Net Value	1/2 = 1,080.00
(a) Statutory allowance for debtor (b) Statutory allowance for debtor's dependents: 0 dependents \$1,000 each (not to exceed \$4,000 total for dependents)	\$s at	5,000.00 0.00	
(c) Amount from 1(b) above to be used in this paragraph. (A part or all of 1 (b) may be used as needed.)		Total Net Exemption	1,080.00
6. LIFE INSURANCE. (As provided in Article X, Section :	5 of North Carolina		
Name of Insurance Company\Policy No.\Name of Insured -NONE-	\Policy Date\Name	e of Beneficiary	
7. PROFESSIONALLY PRESCRIBED HEALTH AIDS 1C-1601(a)(7). No limit on value or number of items.)	(FOR DEBTOR	OR DEBTOR'S DEPENI	DENTS). (NCGS
Description:			

DEBTOR'S RIGHT TO RECEIVE FOLLOWING COMPENSATION: (NCGS 1C-1601(a)(8). No limit on number or 8. amount.)

-NONE- Compensation for personal injury to debtor or to person whom debtor was dependent for support.

-NONE- Compensation for death of person of whom debtor was dependent for support.

-NONE- Compensation from private disability policies or annuities.

INDIVIDUAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL REVENUE CODE AND ANY PLAN 9. TREATED IN THE SAME MANNER AS AN INDIVIDUAL RETIREMENT PLAN UNDER THE INTERNAL REVENUE CODE. (NCGS 1C-1601(a)(9). No limit on number or amount.) AND OTHER RETIREMENT FUNDS **DEFINED IN 11 U.S.C. § 522(b)(3)(c).**

Detailed Description Value -NONE-

10. COLLEGE SAVINGS PLANS QUALIFIED UNDER SECTION 529 OF THE INTERNAL REVENUE CODE. (NCGS 1C-1601(a)(10). Total net value not to exceed \$25,000 and may not include any funds placed in a college saving plan within the preceding 12 months not in the ordinary course of the debtor's financial affairs. This exemption applies only to the extent that the funds are for a child of the debtor and will actually be used for the child's college or university expenses.)

Detailed Description Value

-NONÉ-

91C (09/13) -NONE-				
UNITS OF OTHER STATES,	TO THE EXT	REMENT PLAN OF OTHER STA ENT THOSE BENEFITS ARE EXI I. (NCGS 1C-1601(a)(11). No limit o	EMPT UNDER TI	
Description: -NONE-				
		NTENANCE AND CHILD SUPPO nably necessary for the support of De		
Description: -NONE-				
HAS NOT PREVIOUSLY BE	EN CLAIMED	ERTY WHICH DEBTOR DESIRE ABOVE. (NCGS 1C-1601(a)(2). The polymer of the property of the pr	ne amount claimed	
Description 2012 Acura MDX	Market Value 22,500.00	Lien Holder(s) Consumer Portfolio Services	Amt. Lien 31,279.00	Net Value 0.00
Cash, deposits, tax refunds and any other property on schedules not otherwise claimed as exempt	5,000.00			5,000.00
(a) Total Net Value of property claimed	in paragraph 13.		\$	5,000.00
Pa	hich were used i aragraph 3(b) aragraph 4(b) aragraph 5(c)	n the following paragraphs: \$ \$ lance Available from paragraph 1(b) Total Net Exemption	\$	5,000.00 5,000.00 5.000.00
14. OTHER EXEMPTIONS CLA	IMED LINDER	THE LAWS OF THE STATE OF	NORTH CAROL	<u> </u>
-NONE-	INED CHOEK	THE LAWS OF THE STATE OF	NORTH CAROL	uva.
TOTAL VALUE OF PROPERTY O	CLAIMED AS E	XEMPT		0.00
15. EXEMPTIONS CLAIMED U	NDER NON-BA	ANKRUPTCY FEDERAL LAW:		
-NONE- TOTAL VALUE OF PROPERTY O	CLAIMED AS E	XEMPT	\$ _	0.00
16. RECENT PURCHASES				
The exemptions provided in NCGS 1C-10 purchased by the debtor less than 90 days bankruptcy, unless the purchase of the proand no additional property was transferred	preceding the in operty is directly	nitiation of judgment collection proce raceable to the liquidation or conver	edings or the filing	of a petition for
List tangible personal property purchased	by the debtor le	ess than 90 days preceding the filing o	of the bankruptcy pe	etition: Net
Description -NONE-	Value	Lien Holder(s)	Amt. Lien	Value
DATE November 10, 2016		/s/ Joshua Ryan Cromer		
		Joshua Ryan Cromer Debtor		

91C (09/13)

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF NORTH CAROLINA

In the Matter of: Joshua Ryan Cromer Donna Williams Cromer) Case No.		
	Debtor.	DEBTOR'S CLAIM)	FOR PROPERTY EXE	MPTIONS
I, Donna Williams Cromer , the under 522(b)(3)(A), (B), and (C), the Laws (U.S.C. §
Check if the debtor c debtor or a dependent of		y amount of interest that exceeds \$: a residence.	125,000 in value in prop	perty that the
BURIAL PLOT. (NCGS 1C Select appropriate exemption ✓ Total net value not t ☐ Total net value not t	-1601(a)(1)). amount below: o exceed \$35,000. o exceed \$60,000.	(Debtor is unmarried, 65 years of ag	ge or older, property wa	as previously
Description of Property & Address -NONE-	Market Value	Mtg. Holder or Lien Holder(s)	Amt. Mtg. or Lien	Net Value
(This amo	Exemption I portion of exempt unt, if any, may be ion in any property	ion, not to exceed \$5,000. carried forward and used to claim owned by the debtor. (NCGS	\$ \$ \$	0.00 0.00 5,000.00
		ring property is claimed as exempt pg to property held as tenants by the		522(b)(3)(B) and
Description of Property & Address -NONE-	Market Value	Mtg. Holder or Lien Holder(s)	Amt. Mtg. or Lien	Net Value
3. MOTOR VEHICLE. (NCG exempt not to exceed \$3,500.		Only one vehicle allowed under this	paragraph with net val	ue claimed as
Year, Make Model of Auto 2012 Acura MDX	Market Value 22,500.00	Lien Holder(s) Consumer Portfolio Services	Amt. Lien 31,279.00	Net Value 0.00
(a) Statutory allowance(b) Amount from 1(b) above to be us(A part or all of 1(b) may be used			00.00	
	Total N	Tet Exemption \$	0.00	
		ROFESSIONAL BOOKS. (NCGS claimed as exempt not to exceed \$2		by debtor or
Description	Market Value	Lien Holder(s)	Amt. Lien	Net Value

-NONE-

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	00001001101	700 I 11100	11/10/10	i age 21	01.70		
91C (0	9/13)						
(a) St	atutory allowance		\$	2,000.00			
	mount from 1(b) above to be used in this paragraph part or all of 1(b) may be used as needed.)	raph.	\$				
	Tota	al Net Exemption	\$	0.00			
5.	PERSONAL PROPERTY USED FOR HODEBTOR'S DEPENDENTS. (NCGS 1C-16 debtor plus \$1,000 for each dependent of the	601(a)(4). Debtor	s aggregate	interest, not to	exceed \$5,000 ii		
furniti player decor	operty ing, appliances, china, jewelry, ure, pets, tv, stereo/radio, vcr/dvd r, air conditioners, paintings/art/home r, lawn mower, tools, cd's/dvd's, eliptical	Market Value 2,160.00	Lien Hole	der(s)	Amt. Lien		Net Value 2,160.00
equip	ment, desk & computer equipment	2,100.00					<u> </u>
					Net Value	1/2 =	1,080.00
	atutory allowance for debtor atutory allowance for debtor's dependents: 0	dependents at	\$	5,000.00			
\$1,000 (c) A1	0 each (not to exceed \$4,000 total for dependent mount from 1(b) above to be used in this paragray A part or all of 1(b) may be used as needed.)	ts)		0.00			
Ì				Total Net E	xemption		1,080.00
6.	LIFE INSURANCE. (As provided in Article	X. Section 5 of N	North Caroli				
7.	Name of Insurance Company\Policy No.\Nan Term life insurance through employer; deb PROFESSIONALLY PRESCRIBED HEA 1C-1601(a)(7). No limit on value or number Description:	tor is insured; no	cash valu	e; spouse is be	eneficiary	NTS). (No	CGS
	-NONE-						
8.	DEBTOR'S RIGHT TO RECEIVE FOLL amount.)	OWING COMP	ENSATION	N: (NCGS 1C-1	601(a)(8). No li	mit on n	umber or
	A. \$ -NONE- Compensation for position for po	eath of person of	whom debto	or was dependen		lent for s	upport.
9.	INDIVIDUAL RETIREMENT PLANS AS TREATED IN THE SAME MANNER AS REVENUE CODE. (NCGS 1C-1601(a)(9). DEFINED IN 11 U.S.C. § 522(b)(3)(c).	AN INDIVIDUA	L RETIRE	EMENT PLAN	UNDER THE	INTERN	IAL
	Detailed Description 403(b): Fidelity				V	alue	5,000.00
10.	COLLEGE SAVINGS PLANS QUALIFIE (NCGS 1C-1601(a)(10). Total net value not plan within the preceding 12 months not in the to the extent that the funds are for a child of the expenses.)	to exceed \$25,000 ne ordinary course	and may not of the debto	ot include any f or's financial aft	unds placed in a fairs. This exem	college s ption app	saving olies only
	Detailed Description				V	alue	

-NONE-

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91C (09/13)

11.	UNITS OF OTHER STATE	ES, TO THE EXTE	REMENT PLAN OF OTHER STA NT THOSE BENEFITS ARE EXI (NCGS 1C-1601(a)(11). No limit of	EMPT UNDER T	
	Description: -NONE-				
12.			TENANCE AND CHILD SUPPO ably necessary for the support of De		
	Description: -NONE-				
13.	HAS NOT PREVIOUSLY F	BEEN CLAIMED A	CRTY WHICH DEBTOR DESIRE ABOVE. (NCGS 1C-1601(a)(2). The which has not been used for other e	he amount claimed	
	ription Chevrolet 1500 Silverado	Market Value 7,000.00	Lien Holder(s) Lendmark Financial Services	Amt. Lien 9,392.00	Net Value 0.00
any o	n, deposits, tax refunds and other property on schedules otherwise claimed as exempt	5,000.00			5,000.00
(a) T	otal Net Value of property claims	ed in paragraph 13.		\$	5,000.00
	otal amount available from paragess amounts from paragraph 1(b)		the following paragraphs: \$ \$	\$	5,000.00
			nce Available from paragraph 1(b) Total Net Exemption	\$ 	5,000.00 5,000.00
14.	OTHER EXEMPTIONS CI	LAIMED UNDER T	THE LAWS OF THE STATE OF	NORTH CAROL	INA:
	NONE- FOTAL VALUE OF PROPERTY	Y CLAIMED AS EX	ŒMPT		0.00
15.	EXEMPTIONS CLAIMED	UNDER NON-BA	NKRUPTCY FEDERAL LAW:		
	NONE- FOTAL VALUE OF PROPERTY	Y CLAIMED AS EX	XEMPT		0.00
16. R	ECENT PURCHASES				
purch bankr	ased by the debtor less than 90 da	ays preceding the inition property is directly	, and (5) are inapplicable with respetiation of judgment collection procetraceable to the liquidation or convecuity the replacement property.	edings or the filing	g of a petition for
List ta	angible personal property purchas	sed by the debtor les	s than 90 days preceding the filing of	of the bankruptcy p	etition:
Desc	ription NE-	Market Value	Lien Holder(s)	Amt. Lien	Net Value
DAT	E November 10, 2016		/s/ Donna Williams Crome	r	
			Donna Williams Cromer Joint Debtor		

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Fill in this inform	ation to identify you	r case:		1	
Debtor 1	Joshua Ryan Cr	romer			
	First Name	Middle Name Last Name			
Debtor 2	Donna Williams				
(Spouse if, filing)	First Name	Middle Name Last Name			
United States Ban	kruptcy Court for the:	MIDDLE DISTRICT OF NORTH CAROLINA			
Coco number					
Case number				☐ Check	if this is an
				_	led filing
					3
Official Form	106D				
Schedule I	D: Creditors	Who Have Claims Secured	hy Propert	V	12/15
<u> </u>	b. Orcariors	vino nave claims secure	i by i ropert	<u> </u>	12/13
		If two married people are filing together, both are equout, number the entries, and attach it to this form. Or			
number (if known).	, laamonar r ago, mi k	out, number the entries, and attack it to the form. Of	rano top or any additio	nai pagoo, milo your na	mo una sass
1. Do any creditors h	nave claims secured by	your property?			
☐ No. Check	this box and submit th	his form to the court with your other schedules. Yo	ou have nothing else t	o report on this form.	
Ves Fill in	all of the information I	helow	· ·	•	
		Delow.			
Part 1: List All	Secured Claims		Column A	Column B	Column C
		nore than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
		cal order according to the creditor's name.	Do not deduct the	that supports this	portion
Dada ala			value of collateral.	claim	If any
2.1 & More	Iome Furniture	Describe the property that secures the claim:	\$3,043.00	\$1,500.00	\$1,543.00
Creditor's Name		Household goods			
		Industricia goods			
Attn: Bank	ruptcy	As of the date was file the alaim in O. I. III.			
P.O. Box 7		As of the date you file, the claim is: Check all that apply.			
Mulberry, I	FL 33860	☐ Contingent			
Number, Street, 0	City, State & Zip Code	☐ Unliquidated			
140 41 1.1	10 01 1	☐ Disputed			
Who owes the deb	ot? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only		An agreement you made (such as mortgage or sec	ured		
■ Debtor 2 only		car loan)			
Debtor 1 and Deb	,	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ Check if this cla	e debtors and another	☐ Judgment lien from a lawsuit☐ Other (including a right to offset)			
community deb		Other (including a right to diset)			.
Date debt was incu	rred	Last 4 digits of account number 2907			
2.2 Consumer Services	Portfolio	Describe the property that secures the claim:	\$31,279.00	\$22,500.00	\$8,779.00
Creditor's Name		2012 Acura MDX			
		2012 Addia MDX			
Attn: Bank	ruptcy				
	boree Road	As of the date you file, the claim is: Check all that apply.			
Irvine, CA	92612	Contingent			
Number, Street, 0	City, State & Zip Code	☐ Unliquidated			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-+2 0	Disputed			
Who owes the deb	ot? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage or sec	ured		
Debtor 2 only		car loan)			
Debtor 1 and Deb	•	☐ Statutory lien (such as tax lien, mechanic's lien)			
	e debtors and another	☐ Judgment lien from a lawsuit☐ Other (including a right to offset)			
☐ Check if this cla community deb		— Other (including a right to offset)			

Official Form 106D

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Debtor 1 Joshua Ryan Cromer					Case number (if know)		
	First Name	Middle Na	ame Last Name		_		
Debto	Domina trimic						
	First Name	Middle Na	ame Last Name				
Date	debt was incurred	015	Last 4 digits of account number	0952			
1231	Lendmark Finan Services	cial	Describe the property that secures the cl	laim:	\$9,392.00	\$7,000.00	\$2,392.00
	Creditor's Name		2003 Chevrolet Silverado 1500				
	400 E. Hanes Mil Winston-Salem, 27105-9136		As of the date you file, the claim is: Check apply. Contingent	all that			
-	Number, Street, City, State	e & Zip Code	☐ Unliquidated				
			☐ Disputed				
Who	owes the debt? Che	ck one.	Nature of lien. Check all that apply.				
	ebtor 1 only ebtor 2 only		An agreement you made (such as mortg car loan)	age or se	cured		
■ De	ebtor 1 and Debtor 2 on	ıly	☐ Statutory lien (such as tax lien, mechanic	c's lien)			
☐ At	least one of the debtor	s and another	☐ Judgment lien from a lawsuit				
	neck if this claim relat ommunity debt	es to a	Other (including a right to offset)				
Date	debt was incurred	larch 2016	Last 4 digits of account number	0028			
Add	the dollar value of yo	our entries in Co	olumn A on this page. Write that number h	ere:	\$43,714.00		
	is is the last page of y te that number here:	your form, add	the dollar value totals from all pages.		\$43,714.00		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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		Case 10-31.	TOT DOCT THEUTT	110/10	rage 23 01	70	
Fil	l in this inform	ation to identify your case:					
De	ebtor 1	Joshua Ryan Cromer					
			ddle Name Last Name	Э			
	ebtor 2	Donna Williams Cromer					
(Sp	ouse if, filing)	First Name Mic	ddle Name Last Name	9			
Un	nited States Ban	kruptcy Court for the: MIDDLI	E DISTRICT OF NORTH CAROL	INA			
Ca	se number						
(if k	known)					_	ck if this is an ended filing
Sc Be a	as complete and	F: Creditors Who Ha	IVE Unsecured Claim or creditors with PRIORITY claims a	nd Part 2 fo			
Sch Sch left. nan	edule G: Execute ledule D: Credito Attach the Cont ne and case num	ory Contracts and Unexpired Lease ors Who Have Claims Secured by Pr inuation Page to this page. If you h ber (if known).	es (Official Form 106G). Do not incluroperty. If more space is needed, co ave no information to report in a Pa	ide any cre py the Part	ditors with partially s you need, fill it out, i	ecured claims the number the entrie	at are listed in
		of Your PRIORITY Unsecured					
1.	_ `	rs have priority unsecured claims a	gainst you?				
	No. Go to Pa	art 2.					
2.	identify what type possible, list the	e of claim it is. If a claim has both pric	tor has more than one priority unsecu prity and nonpriority amounts, list that of g to the creditor's name. If you have m im list the other creditors in Part 3	laim here a	nd show both priority a	nd nonpriority amo	ounts. As much as
			tructions for this form in the instruction	booklet.)			
	(* 5. 5 5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	Total claim	Priority	Nonpriority
2.1	Ashley S	Soika	Last 4 digits of account number	2509	\$0.00	amount \$0.0	amount 00 \$0.00
2.1		ditor's Name	Last 4 digits of account number	2300		Ψ0.	<u> </u>
	P.O. Box		When was the debt incurred?				
		NC 27675 reet City State Zlp Code	As of the date you file, the claim	is: Check a	II that apply		
		the debt? Check one.	☐ Contingent	is. Officer c	ш шасарру		
	■ Debtor 1 or	nly	☐ Unliquidated				
	Debtor 2 or	nlv	☐ Disputed				
	_	nd Debtor 2 only	Type of PRIORITY unsecured cla	im:			
	_	e of the debtors and another	■ Domestic support obligations				
	_	nis claim is for a community debt	☐ Taxes and certain other debts y	YOU OWE the	government		
		ubject to offset?	☐ Claims for death or personal inj		•		
	■ No		Other. Specify	, , 0			
	☐ Yes		On-going	hild sup	port		

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	tor 1 Joshua Ryan Cromer tor 2 Donna Williams Cromer		Case nu	ımber (if know)		
	1			. ,		
2.2	Internal Revenue Service Priority Creditor's Name	Last 4 digits of account number	2508	\$998.00	\$998.00	\$0.00
	Centralized Insolvency	When was the debt incurred?				
	Operations	_				
	P.O. Box 7346 Philadelphia, PA 19101-7346					
	Number Street City State Zlp Code	As of the date you file, the claim is	: Check all t	that apply		
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	■ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured clain	n:			
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt	Taxes and certain other debts you	u owe the go	overnment		
	Is the claim subject to offset?	☐ Claims for death or personal injur	y while you	were intoxicated		
	■ No	☐ Other. Specify				
	Yes	2013-2015 ta	axes			
Part	2: List All of Your NONPRIORITY Unsecu	red Claims				
4.	Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other Part 2.	aim. For each claim listed, identify what	t type of clai	m it is. Do not list claims a	already included in Pa	rt 1. If more
	7				Total clai	
4.1	Cach LLC	Last 4 digits of account number	2263			\$7,882.00
	Nonpriority Creditor's Name c/o Amber K. Kauffman		suit o	n account 08 CVD	2263	
	Sessoms & Rogers, P.A.	When was the debt incurred?	Forsy	th County District (Court	
	P.O. Box 52508 Durham. NC 27717					
	Number Street City State Zlp Code	As of the date you file, the claim	n is: Check a	all that apply		
	Who incurred the debt? Check one.	-				
	☐ Debtor 1 only	☐ Contingent				
	■ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:			
	Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepreport as priority claims	paration agre	eement or divorce that you	u did not	
	No	Debts to pension or profit-shar	ing plans, ar	nd other similar debts		
	☐ Yes	Other. Specify				
		— Other. Opoury				

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	7 Joshua Ryan Cromer 7 Donna Williams Cromer		Case number (if know)	
4.2	Capital One Bank	Last 4 digits of account number	4648	\$1,106.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 30285	When was the debt incurred?	2014-2016 credit card	V 1,100.00
	Salt Lake City, UT 84130-0285 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.3	Capital One Bank	Last 4 digits of account number	7828	\$765.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 30285	When was the debt incurred?	2008-2016 credit card	
	Salt Lake City, UT 84130-0285 Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the olding	3. Offect all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.4	Capital One Bank	Last 4 digits of account number	5491	\$613.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 30285	When was the debt incurred?	2006-2016 credit card	
	Salt Lake City, UT 84130-0285			
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	 Obligations arising out of a separeport as priority claims 	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	<u> </u>	5,,	
	□ 165	Other. Specify		

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	1 Joshua Ryan Cromer 2 Donna Williams Cromer		Case number (if know)	
4.5	Care Credit/Synchrony Bank	Last 4 digits of account number	8465	\$230.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 965064	When was the debt incurred?	2015-2016 credit card	
	Orlando, FL 32896-5064 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans	d claim:	
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No □ Yes	Debts to pension or profit-sharin		
	Tes	Other. Specify		
4.6	Chrome Capital Nonpriority Creditor's Name	Last 4 digits of account number	0012	\$12,040.00
	3073 S Horseshoe Drive, Suite 206 Naples, FL 34104	When was the debt incurred?	2015 motorcycle lease	
•	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin	ration agreement or divorce that you did not	
	■ No □ Yes	<u> </u>	g plans, and other similar debts	
4.7	Collection Pros	Last 4 digits of account number	5035	\$137.00
	Nonpriority Creditor's Name 12924 Pierce Street, #101 Pacoima, CA 91331	When was the debt incurred?	2016 collection	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	l alaim.	
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	a Claiiii.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify	_	

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	Donna Williams Cromer		Case number (if know)	
4.8	Credit One Bank NA Nonpriority Creditor's Name	Last 4 digits of account number	1354	\$1,569.00
	Attn: Bankruptcy Dept. P.O. Box 98873	When was the debt incurred?	2012-2016 credit card	
	Las Vegas, NV 89193-8873 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.9	Credit One Bank NA	Last 4 digits of account number	5381	\$1,006.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 98873	When was the debt incurred?	2014-2016 credit card	
	Las Vegas, NV 89193-8873 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify		
4.1	Fingerhut	Last 4 digits of account number	9389	\$287.00
0	Nonpriority Creditor's Name			Ψ207.00
	6250 Ridgewood Road Saint Cloud, MN 56303-0820	When was the debt incurred?	2014-2016 credit card	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		

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	or 1 Joshua Ryan Cromer Dona Williams Cromer		Case number (if know)	
4.1	First National Credit Card/Legacy Bank	Last 4 digits of account number	6501	\$528.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department P.O. Box 5097 Sioux Falls, SD 57117	When was the debt incurred?	2016 credit card	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	I claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify	g plans, and other similar debts	
4.1	First Premier Bank	Last 4 digits of account number	1366	\$758.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department 601 S. Minneapolis Avenue Sioux Falls, SD 57104	When was the debt incurred?	2016 credit card	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify		
4.1	First Premier Bank	Last 4 digits of account number	5124	\$677.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department 601 S. Minneapolis Avenue Sioux Falls, SD 57104	When was the debt incurred?	2014-2016 credit card	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a plane, and other similar debte	
	■ No		y pians, and other Similar debts	
	Yes	Other. Specify		

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	1 Joshua Ryan Cromer 2 Donna Williams Cromer		Case number (if know)	
4.1 4	First Savings Credit Card	Last 4 digits of account number	3923	\$644.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept P.O. Box 5096 Sioux Falls, SD 57117-5096	When was the debt incurred?	2015-2016 credit card	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify		
4.1 5	First Savings Credit Card	Last 4 digits of account number	2576	\$371.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept P.O. Box 5019	When was the debt incurred?	2015-2016 credit card	
	Sioux Falls, SD 57117-5019 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.		or chook all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only			
	☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	I claim:	
		Student loans	· Oldini.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes			
4.1	First Savings Credit Card	Last 4 digits of account number	9554	\$333.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept P.O. Box 5019	When was the debt incurred?	2016 credit card	
	Sioux Falls, SD 57117-5019 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify		

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	1 Joshua Ryan Cromer 2 Donna Williams Cromer		Case number (if know)	
4.1 7	Kohls/Capital One, NA	Last 4 digits of account number	4250	\$355.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 3120 Milwaukee, WI 53201-3120	When was the debt incurred?	2016 credit card	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.1 8	Kohls/Capital One, NA Nonpriority Creditor's Name	Last 4 digits of account number	3435	\$303.00
	Attn: Bankruptcy Dept. P.O. Box 3120	When was the debt incurred?	2016 credit card	
	Milwaukee, WI 53201-3120 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify		
4.1 9	Maurices/Comenity Bank Nonpriority Creditor's Name	Last 4 digits of account number	0783	\$300.00
	AttnL Bankruptcy Department P.O. Box 182125 Columbus, OH 43218-2125	When was the debt incurred?	2016 credit card	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		

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	r 1 Joshua Ryan Cromer r 2 Donna Williams Cromer		Case number (if know)	
4.2	Merrick Bank	Last 4 digits of account number	0164	\$1,211.00
	Nonpriority Creditor's Name Attn:Bankruptcy Dept. P.O. Box 9201	When was the debt incurred?	2014-2016 credit card	
	Old Bethpage, NY 11804-9201 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	Contingent		
	■ Debtor 2 only	□ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	•		
	\square At least one of the debtors and another		d claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.2	Monroe & Main	Last 4 digits of account number	0110	\$94.00
	Nonpriority Creditor's Name 1112 Seventh Avenue Monroe, WI 53566	When was the debt incurred?	2016 credit card	
	Number Street City State Zlp Code Who incurred the debt? Check one.	Last 4 digits of account number Dept. When was the debt incurred? 2014-2016 credit card 21804-9201 2 cip Code		
	☐ Debtor 1 only	Contingent		
	■ Debtor 2 only			
		_ '		
	Debtor 1 and Debtor 2 only	•	d claim:	
	At least one of the debtors and another	<u></u> '	diami.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a sepa	ration agreement or divorce that you did not	
	<u> </u>	<u>-</u> ' ' '		
	■ No □ Yes			
	Li res	Other. Specify		
4.2	One Main Financial Nonpriority Creditor's Name	Last 4 digits of account number	7846	\$11,058.00
	Attn: Bankruptcy Dept. P.O. Box 6042	When was the debt incurred?	2015-2016 unsecured loan	
	Sioux Falls, SD 57117-6042	_		
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community			
	debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	<u>-</u> ' ' '	g plans, and other similar debts	
	☐ Yes			
	_ 100	Other. Specify		

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or 1 Joshua Ryan Cromer Or 2 Donna Williams Cromer		Case number (if know)	
Santander Consumer USA	Last 4 digits of account number	1000	\$10,077.00
Nonpriority Creditor's Name c/o NC Management Service 1 Alllied Drive Trevose, PA 19053	When was the debt incurred?	automobile repossession - deficiency balance	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify		
Time Warner Cable	Last 4 digits of account number	6897	\$183.00
Nonpriority Creditor's Name c/o CBE Group, Inc.	When was the debt incurred?	cable services - collection	
P.O. Box 900 Waterloo, IA 50704 Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify		
TJ Max/Synchrony Bank	Last 4 digits of account number	6316	\$187.00
Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 965064	When was the debt incurred?	2016 credit card	
Orlando, FL 32896-5064 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	iration agreement of divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify		

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Debtor Debtor		Ryan Cromer Villiams Cromer		Case n	number (if know)	
4.2	Trust	d/Mid America Bank &	Last 4 digits of account number	4851		\$771.00
	P.O. Box 3	ruptcy Dept	When was the debt incurred?	credi	it card	
	Number Stree	t City State Zlp Code I the debt? Check one.	As of the date you file, the claim	s: Check	call that apply	
	Debtor 1 o	nly	☐ Contingent			
	Debtor 2 o	nly	☐ Unliquidated			
	Debtor 1 a	nd Debtor 2 only	☐ Disputed			
	☐ At least on	e of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if tl	his claim is for a community	☐ Student loans			
	debt	ubject to offset?	Obligations arising out of a separeport as priority claims	ration ag	greement or divorce that you did not	
	■ No		Debts to pension or profit-sharin	g plans,	and other similar debts	
	Yes		Other. Specify			
4.2		ecret/Comenity Bank	Last 4 digits of account number	7272		\$370.00
	Nonpriority Cro Attn: Bank		When was the debt incurred?	2015	-2016 credit card	
	P.O. Box 1		When was the dest mounted.	2013	-2010 Credit Card	
		, OH 43218				
		t City State Zlp Code	As of the date you file, the claim i	s: Check	k all that apply	
		I the debt? Check one.	_			
	Debtor 1 o	•	Contingent			
	Debtor 2 o	•	Unliquidated			
	Debtor 1 a	nd Debtor 2 only	Disputed			
		e of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if the debt	his claim is for a community	☐ Student loans			
		ubject to offset?	Obligations arising out of a separeport as priority claims	ration ag	greement or divorce that you did not	
	■ No		Debts to pension or profit-sharin	g plans	and other similar debts	
	□ Yes		Other. Specify	3 France,		
is tryi have i	nis page only if ng to collect fr more than one	om you for a debt you owe to some	out your bankruptcy, for a debt that y eone else, list the original creditor in ou listed in Parts 1 or 2, list the addi	Parts 1	or 2, then list the collection agency	here. Similarly, if you
Part 4:	Add the A	Amounts for Each Type of Unse	ecured Claim			
	the amounts o of unsecured c		s. This information is for statistical re	eporting	purposes only. 28 U.S.C. §159. Add	the amounts for each
					Total Claim	
	6a Total	. Domestic support obligations		6a.	\$0.00	
from P	aims Part 1 6b	. Taxes and certain other debts y	ou owe the government	6b.	\$ 998.00	
	6c	. Claims for death or personal inj	ury while you were intoxicated	6c.	\$ 0.00	
	6d	. Other. Add all other priority unsec	ured claims. Write that amount here.	6d.	\$ 0.00	
	6e	. Total Priority. Add lines 6a through	gh 6d.	6e.	\$ 998.00	
					Total Claim	
	6f. Total	Student loans		6f.	\$	

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Debtor 1 Joshua Ryan Cromer Debtor 2 Donna Williams Cromer

Case number (if know) claims 0.00

from Part 2

- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
- Other. Add all other nonpriority unsecured claims. Write that amount here.
- Total Nonpriority. Add lines 6f through 6i.

0.00	\$ 6g.
0.00	\$ 6h.
53,855.00	\$ 6i.
52 955 00	\$ 6i

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Fill in this infor	mation to identify your	case:		
Debtor 1	Joshua Ryan Cro	mer		
	First Name	Middle Name	Last Name	
Debtor 2	Donna Williams (Cromer		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		MIDDLE DISTRICT OF	NORTH CAROLINA	
Case number				
(if known)		<u> </u>		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 Chrome Capital 3073 S Horseshoe Drive, Suite 206 Naples, FL 34104 Acct# 201501030012 Opened 2015 motorcycle lease

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Fill in this in	nformation to identify yo	ur case:		
Debtor 1	Joshua Ryan C			
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if, filing)	Donna Williams) First Name	Middle Name	Last Name	
United State	es Bankruptcy Court for the	e: MIDDLE DISTRIC	T OF NORTH CAROLINA	
Case numbe	er			☐ Check if this is an amended filing
Official	Form 106H			
	ıle H: Your Co	debtors		12/15
people are fi fill it out, and	iling together, both are e	qually responsible fo he boxes on the left	r supplying correct information. If Attach the Additional Page to this	plete and accurate as possible. If two married more space is needed, copy the Additional Page, page. On the top of any Additional Pages, write
1. Do yo	ou have any codebtors?	(If you are filing a joint	case, do not list either spouse as a	odebtor.
■ No □ Yes				
Arizona,	, California, Idaho, Louisia		nity property state or territory? (Coo, Puerto Rico, Texas, Washington	ommunity property states and territories include and Wisconsin.)
	Go to line 3. Did your spouse, former s	pouse, or legal equival	ent live with you at the time?	
in line 2 Form 10 out Col	2 again as a codebtor on 06D), Schedule E/F (Offic umn 2.	ly if that person is a g	uarantor or cosigner. Make sure y Schedule G (Official Form 106G). I	r spouse is filing with you. List the person shown ou have listed the creditor on Schedule D (Official Ise Schedule D, Schedule E/F, or Schedule G to fill
	olumn 1: Your codebtor ame, Number, Street, City, State an	d ZIP Code		Column 2: The creditor to whom you owe the debt check all schedules that apply:
3.1				Schedule D, line
Na	ame			Schedule E/F, line
				Schedule G, line
Nu Ci	umber Street ity	State	ZIP Code	
3.2			[Schedule D, line
	ame			Schedule E/F, line
			Γ	Schedule G, line
	umber Street	01-1-	710.0	
Ci	ity	State	ZIP Code	

Fill	in this information to ide	antify your c	369.						
		shua Rya							
		-				_			
1	otor 2 Do	onna wiilia	ams Cromer			_			
Uni	ted States Bankruptcy	Court for the	: MIDDLE DISTRICT O	F NORTH CAROLINA	4	_			
Cas	se number					Ch	eck if this is:		
(If kn	nown)			-			An amende	•	
								ent showing postpetition as of the following date:	
O	fficial Form 10	D6I					MM / DD/ Y		
So	chedule I: Yo	ur Inc	ome				IVIIVI / DD/ T	111	12/1
suppos spor attac	plying correct informa use. If you are separa	ntion. If you ted and you this form.	sible. If two married peo are married and not filin or spouse is not filing wi On the top of any addition	ng jointly, and your sith you, do not include	spouse i de inforr	s living wi	th you, include the your spoots	ude information about ouse. If more space is i	your needed,
1.	Fill in your employm	-							
	information.			Debtor 1				or non-filing spouse	
	If you have more than attach a separate page		Employment status	✓ Employed			✓ Emplo	•	
	information about add			Not employed			∐ Not e	mployed	
	employers.		Occupation	Heavy Equipme	nt Oper	ator	Internal	Rep - Customer Se	rvice
	Include part-time, sea self-employed work.	sonal, or	Employer's name	Stanleyville Pav	ing		Novant	Health	
	Occupation may inclu or homemaker, if it ap		Employer's address						
			How long employed the	here? 6 montl	าร			1/2 years	
Par	t 2: Give Details	About Mor	nthly Income						
	mate monthly income use unless you are sepa		ate you file this form. If y	you have nothing to re	port for	any line, wi	rite \$0 in the	space. Include your nor	n-filing
,	u or your non-filing spo e space, attach a separ		ore than one employer, co	ombine the information	n for all e	mployers fo	or that perso	n on the lines below. If y	you need
						For D	ebtor 1	For Debtor 2 or non-filing spouse	
2.	List monthly gross videductions). If not pa	wages, sala iid monthly,	ry, and commissions (becalculate what the month)	efore all payroll y wage would be.	2.	\$	*3,033.00	\$3,520.00	
3.	Estimate and list mo	onthly overt	ime pay.		3.	+\$	0.00	+\$0.00	
4.	Calculate gross Inco	ome. Add lir	ne 2 + line 3.		4.	\$3,	033.00	\$3,520.00	
						For Deb	otor 1	For Debtor 2 or non-filing spouse	
	Copy line 4 here				4.	\$	3,033.00	\$ 3,520.00	
5.	List all payroll dedu	ctions:							
	5a. Tax, Medicare	, and Social	Security deductions		5a.	\$	0.00	\$ 563.00	
			for retirement plans		5b.	\$	0.00	\$ 0.00	
	•		or retirement plans		5c.	\$	0.00	\$ 87.00	
	5d. Required repa5e. Insurance	yments of r	etirement fund loans		5d. 5e.	\$	0.00	\$ 0.00 \$ 739.00	
	5f. Domestic sup	nort obligat	ions		5e. 5f.	\$ 	0.00	\$ 739.00 \$ 0.00	

0.00

0.00

5g. Union dues

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Deb		Joshua Ryan Cromer Donna Williams Cromer	-	Cas	se number (<i>if know</i>	n)				
	5h.	Other deductions. Specify: HSA	5h	+ \$	0.0	0	+ \$	2	25.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.0	0	\$	1,41	14.00	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,033.0	0	\$	2,10	06.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.0	10	\$		0.00	
	8b.	Interest and dividends	8b.	\$	0.0	0	\$		0.00	
	8c. 8d.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation	8c. 8d.		0.0		\$ \$		0.00	
	8e.	Social Security	8e.	\$	0.0		- \$ -		0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.0		\$		0.00	
	8g.	Pension or retirement income	8g.	\$	0.0	_	\$		0.00	
	8h.	Other monthly income. Specify:	_ 8h	+ \$	0.0	0	+ \$		0.00	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.0	0	\$		0.00	
10.	Cald	culate monthly income. Add line 7 + line 9.	10. \$	3	3,033.00 +	\$	2,1	06.00 =	\$	5,139.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L			_				•
11.	Incluothe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	deper					Schedule J. 11. +		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						12.	»	5,139.00
13.	Do y	you expect an increase or decrease within the year after you file this form No. Yes Explain:	?					_	ombin onthly	ed income

Official Form 106I Schedule I: Your Income page 2

^{*} There is no withholding taxes on gross income.

	in this informs	diam ta idantifi						
FIII	in this informa	ition to identify yo	ur case:					
Deb	otor 1	Joshua Ryan	Cromer				if this is:	
Deb	otor 2	Donna Willia	ms Cromer					ing postpetition chapter
(Spo	ouse, if filing)	-				1	3 expenses as of t	he following date:
Unit	ted States Bankr	ruptcy Court for the:	MIDDLE DISTR	RICT OF NORTH CA	AROLINA	N	IM / DD / YYYY	
1	e number nown)							
Ľ								
O	fficial Fo	rm 106J						
S	chedule	J: Your E	Expenses					12/15
Be info	as complete a	and accurate as	possible. If two eded, attach ano	married people are				r supplying correct our name and case
Par		ribe Your House	hold					
1.	Is this a joir							
	¥ Yes. Doe	es Debtor 2 live i	n a separate hoເ	isehold?				
	✓ N □ Y		t file Official Form	106J-2, Expenses	for Separate House	ehold of Debto	or 2.	
2.	Do you have	e dependents?	✓ No					
	Do not list D Debtor 2.	ebtor 1 and	103.	this information for ependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state							No
	dependents	names.						∐ Yes □ No
					-			Yes
								∐ No □ Yes
								☐ No
•	D							Yes
3.	expenses o	oenses include f people other th d your depender						
Par	•		ng Monthly Expe	nene				
Est	imate your ex	cpenses as of yo	ur bankruptcy fi	ling date unless yo				oter 13 case to report the form and fill in the
				ment assistance if It on <i>Schedule I: Yo</i>				
(Of	ficial Form 10	06I.)				_	Your expe	nses
4.		or home ownersh		your residence. In	clude first mortgage	4. \$		700.00
	. ,	,	ground or lot.			•		
	If not includ	led in line 4:						
		estate taxes				4a. \$		0.00
		•	, or renter's insura pair, and upkeep			4b. \$ 4c. \$		0.00 75.00
			on or condominiu	•		4d. \$		0.00
5.	Additional r	nortgage payme	nts for your resi	dence, such as hon	ne equity loans	5. \$		0.00

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	tor 1 Joshua Ryan Cromer tor 2 Donna Williams Cromer	Case num	ber (if known)	
6.	Utilities:			
0.	6a. Electricity, heat, natural gas	6a.	\$	380.00
	6b. Water, sewer, garbage collection	6b.	\$	50.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	410.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	450.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	100.00
10.	Personal care products and services	10.	·	80.00
11.	Medical and dental expenses	11.	\$	50.00
12.	Transportation. Include gas, maintenance, bus or train fare.	12.	\$	350.00
13	Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	·	100.00
	Charitable contributions and religious donations	14.	·	20.00
	Insurance.	17.	Ψ	20.00
	Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	·	120.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		_	
4-	Specify: Income taxes on husband's income & personal property tax	16.	\$	798.00
17.	Installment or lease payments:	17a.	c	IN DLAN
	17a. Car payments for Vehicle 117b. Car payments for Vehicle 2	17a. 17b.	· —	IN PLAN
	17c. Other. Specify:	17b.	·	IN PLAN 0.00
	17d. Other. Specify:	— 17d.	·	0.00
18	Your payments of alimony, maintenance, and support that you did not report as		Ψ	0.00
	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	300.00
19.	Other payments you make to support others who do not live with you.		\$	100.00
	Specify: Wife's mother	19.		
20.	Other real property expenses not included in lines 4 or 5 of this form or on Sched			
	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.		0.00
	20c. Property, homeowner's, or renter's insurance	20c.		0.00
	20d. Maintenance, repair, and upkeep expenses	20d. 20e.		0.00
24	20e. Homeowner's association or condominium dues		·	0.00
۷۱.	Other: Specify: Miscellaneous	21.	+\$	200.00
22.	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	4,283.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	4,283.00
23	Calculate your monthly net income.			
25.	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,139.00
	23b. Copy your monthly expenses from line 22c above.	23b.		4,283.00
	23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	856.00
24.	Do you expect an increase or decrease in your expenses within the year after you For example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage? No. Explain here:			se or decrease because of a

Fill in this info	rmation to identify your	case:		
Debtor 1	Joshua Ryan Cro	mer		
	First Name	Middle Name	Last Name	
Debtor 2	Donna Williams C	romer		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	Bankruptcy Court for the:	MIDDLE DISTRICT O	F NORTH CAROLINA	
Case number				
(if known)				Check if this is an amended filing
Declara If two married p You must file the obtaining mone years, or both.	people are filing together	, both are equally resp le bankruptcy schedul n connection with a ba		
Did you p	pay or agree to pay some	one who is NOT an att	orney to help you fill out bankruptcy f	orms?
■ No				
☐ Yes.	Name of person			tach Bankruptcy Petition Preparer's Notice, eclaration, and Signature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the su	mmary and schedules filed with this c	declaration and
	shua Ryan Cromer		X /s/ Donna Williams C	
	ua Ryan Cromer cure of Debtor 1		Donna Williams Cron Signature of Debtor 2	ner
Date	November 18, 2016		Date November 18,	2016

Debtor 1							
Debtor 2 Donna Williams Cromer Booke It filiegh Donna Williams Cromer First Name Midde Name Last Name	F	ll in this inform	ation to identify you	r case:			
Debtor 2	De	ebtor 1			Loot Name		
Source Himply First Name Middle Name Last Harne	De	ebtor 2			Last Name		
Case number Check if this is an amended filling Official Form 107 Statement of Financial Affairs for Individuals Filling for Bankruptcy ### Affairs for Individuals Filling for Bankruptcy ### Bas a complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. ###################################	(Sp	oouse if, filing)			Last Name		
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/1 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before Warried Not marited Not marite	Ur	nited States Bar	kruptcy Court for the:	MIDDLE DISTRICT OF N	ORTH CAROLINA		
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/1 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before Warried Not marited Not marite	Ca	ase number					
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/10 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married	1						
Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Arrivable						a	menaea niing
Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Arrivable	\cap	fficial For	m 107				
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (it known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before	_			Affairs for Individ	duals Filing for B	Bankruptcy	4/1
information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 15							
Part 1: Give Details About Your Marital Status and Where You Lived Before	inf	ormation. If me	ore space is needed,	attach a separate sheet to			
1. What is your current marital status? Married			, , , , ,		Live I Defens		
Married Not married	Pä				Lived Before		
Not married	1.	What is your	current marital statu	ıs?			
No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 Debtor 2 Debtor 3 Debtor 4 Debtor 4 Debtor 5 Debtor 5 Debtor 6 Debtor 6 Debtor 6 Debtor 6 Debtor 7 Debtor 7 Debtor 7 Debtor 7 Debtor 8 Debtor 9 Debto		=	ried				
Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 lived there Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 lived there Debtor 1 Prior Address: Dates Debtor 2 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there Debtor 2 Prior Address: Dates Debtor 3 Debtor 4 Debtor 2 Prior Address: Dates Debtor 4 lived there Debtor 2 Prior Address: Dates Debtor 4 Debtor 2 Debtor 4 No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. Debtor 1 Sources of income (before deductions and exclusions) Pert 2 Sources of income (Check all that apply. (before deductions and exclusions) Prom January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Operating a business Debtor 2 Sources of income (Check all that apply. (before deductions and exclusions) Prom January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Operating a business Debtor 2 Sources of income (Check all that apply. (before deductions and exclusions) Debtor 2 Sources of income (Check all that apply. (before deductions and exclusions) Prom January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Operating a business Operating a busines	2.	During the la	st 3 years, have you	lived anywhere other than	where you live now?		
Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 Debtor 3 Debtor 4 Debtor 5 Debtor 5 Debtor 5 Debtor 6 Debtor 7 Debtor 7 Debtor 8 Debtor 9 Debto		√ No					
lived there		Yes. List	all of the places you l	ived in the last 3 years. Do no	ot include where you live now	٧.	
states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Perm January 1 of current year until was was ponuses, tips Debtor 2 Sources of income Check all that apply. Check all that apply. Sources of income Check all th		Debtor 1 Pri	or Address:		Debtor 2 Prior Ad	ddress:	
No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Check all that apply. From January 1 of current year untill the date you filed for bankruptcy: Wages, commissions, bonuses, tips Operating a business For last calendar year: (January 1 to December 31, 2015) Wages, commissions, bonuses, tips							
Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Operating a business For last calendar year: (January 1 to December 31, 2015) Wages, commissions, bonuses, tips	sta	tes and territorie	es include Arizona, Ca	lifornia, Idaho, Louisiana, Nev	vada, New Mexico, Puerto R	ico, Texas, Washington and W	/isconsin.)
## Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. No		=	La company (III and Oak		## a' a Farman 400)		
4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Operating a business Gross income (before deductions and exclusions) Wages, commissions, bonuses, tips Operating a business For last calendar year: (January 1 to December 31, 2015) Wages, commissions, bonuses, tips (joint) Wages, commissions, bonuses, tips		Yes. Ma	ke sure you fill out <i>Sci</i>	nedule H: Your Codebtors (Of	flicial Form 106H).		
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Operating a business For last calendar year: (January 1 to December 31, 2015) Wages, commissions, bonuses, tips Wages, commissions, bonuses, tips (joint) Wages, commissions, bonuses, tips	Pá	ert 2 Explain	n the Sources of You	r Income			
Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Operating a business For last calendar year: (January 1 to December 31, 2015) Debtor 2 Sources of income Check all that apply. Gross income (before deductions and exclusions) \$60,000.00 (estimated) Operating a business \$58,098.00 (joint) Wages, commissions, bonuses, tips Wages, commissions, bonuses, tips Operating a business	4.	Fill in the total	I amount of income yo	u received from all jobs and a	all businesses, including part	-time activities.	ndar years?
Sources of income Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Operating a business For last calendar year: (January 1 to December 31, 2015) Gross income (before deductions and exclusions) \$60,000.00 (estimated) Operating a business \$58,098.00 (joint) Wages, commissions, bonuses, tips Wages, commissions, bonuses, tips Operating a business		=	in the details.				
Check all that apply. Check all that apply. (before deductions and exclusions) Check all that apply. (before deductions and exclusions) Check all that apply. (before deductions and exclusions) (before deductions and exclusions) \$60,000.00 (estimated) Operating a business For last calendar year: (January 1 to December 31, 2015) Check all that apply. (before deductions and exclusions) \$60,000.00 (estimated) Operating a business \$58,098.00 (joint) Wages, commissions, bonuses, tips Operating a business				Debtor 1		Debtor 2	
the date you filed for bankruptcy: bonuses, tips Operating a business For last calendar year: (January 1 to December 31, 2015) Wages, commissions, bonuses, tips (estimated) Donuses, tips Operating a business \$58,098.00 (joint) Wages, commissions, bonuses, tips (joint)					(before deductions and		(before deductions
For last calendar year: (January 1 to December 31, 2015) Wages, commissions, bonuses, tips Wages, commissions, joint bonuses, tips							
(January 1 to December 31, 2015) bonuses, tips (joint) bonuses, tips				Operating a business		Operating a business	
Gently States, and							
	·	-	,		(10.111)		

Official Form 107

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	btor 1 btor 2		shua Ryaı nna Willia	n Cromer Ims Crome	r		Case number (if known)						
					Debtor 1				Debtor 2				
					Sources	of income that apply.		s income re deductions and sions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)		
			lar year be December		✓ Wage bonuses,	s, commissions, tips		\$50,855.00 (joint)	Wages, combonuses, tips	nmissions,			
					Opera	iting a business			Operating a	business			
5.	Include and or winnir	de ind ther p ngs. I ach s	ome regard oublic benef f you are fili	lless of wheth fit payments; ng a joint cas he gross inco	er that inco pensions; r e and you l	ome is taxable. Ex ental income; inte have income that	amples of rest; divic you recei	dends; money colle ved together, list it	alimony; child supp	royalties; an ebtor 1.	ecurity, unemployment, d gambling and lottery		
					Debtor 1				Debtor 2				
					Sources of Describe I	of income below.	each	s income from source re deductions and sions)	Sources of inc Describe below		Gross income (before deductions and exclusions)		
Ра 6.				•		ore You Filed for imarily consume							
•		No.	Neither De	ebtor 1 nor D	ebtor 2 ha	-	umer del	ots. Consumer deb	ots are defined in 11	U.S.C. § 10	1(8) as "incurred by an		
				•	•	for bankruptcy, d	id you pa	y any creditor a tot	al of \$6,425* or mo	re?			
			☐ No.☐ Yes	Go to line 7		or to whom you na	id a total	of \$6.425* or more	in one or more nav	ments and t	he total amount you		
				paid that cre not include	editor. Do n payments t	ot include payments of an attorney for t	nts for do his bankr	mestic support obli uptcy case.		ild support a	ınd alimony. Also, do		
	/	Yes.				e primarily const for bankruptcy, d			al of \$600 or more?	,			
			✓ No.	Go to line 7									
			☐ Yes		ments for d	lomestic support c			nd the total amount oport and alimony.		t creditor. Do not include payments to an		
	Cred	litor'	s Name and	d Address		Dates of payme	ent	Total amount paid	Amount you still owe	Was this	payment for		
7. Within 1 year before you filed for bankrup Insiders include your relatives; any general of which you are an officer, director, person a business you operate as a sole proprietor, alimony.					general par , person in	rtners; relatives of control, or owner	any gene of 20% or	eral partners; partners of their votin	erships of which yong securities; and ar	u are a gene ny managing	eral partner; corporations agent, including one for		
	=	No Yes.	List all payn	nents to an in	sider.								
	Insid	der's	Name and	Address		Dates of payme	ent	Total amount paid	Amount you still owe	Reason fo	or this payment		

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	otor 1 Joshua Ryan Cromer Donna Williams Cromer		Cas	e number (if known)							
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost		ments or transfer a	any property on a	count of a d	ebt that benefited an					
	✓ No ✓ Yes. List all payments to an insider Insider's Name and Address	Dates of payment	Total amount	Amount you	Peason for	this payment					
	insider 5 Name and Address	Dates of payment	paid	still owe	Include cred						
Pai	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures									
9.		✓ No									
	Yes. Fill in the details.	N 4 64	•		Status of th						
	Case title Case number	Nature of the case Court or agency r									
					Pending On appe	eal					
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below		erty repossessed, f	oreclosed, garnis	hed, attached	d, seized, or levied?					
	✓ No. Go to line 11.✓ Yes. Fill in the information below.										
	Creditor Name and Address	Describe the Property		Date		Value of the property					
		Explain what happened	I			p. 0po. sy					
11.	accounts or refuse to make a payment bed No		luding a bank or fir	nancial institution	, set off any a	amounts from your					
	Yes. Fill in the details. Creditor Name and Address	Describe the action the	cribe the action the creditor took Da			Amount					
				taken							
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a		erty in the possessi	ion of an assigne	e for the bene	efit of creditors, a					
	✓ No Yes										
Pai	t 5: List Certain Gifts and Contributions										
13.	Within 2 years before you filed for bankrup No Yes. Fill in the details for each gift.	otcy, did you give any gifts	s with a total value	of more than \$60	0 per person	?					
	Gifts with a total value of more than \$600 per person	Describe the gifts		you gave fts	Value						
	Person to Whom You Gave the Gift and Address:										
14.	Within 2 years before you filed for bankrup No Yes. Fill in the details for each gift or cor		s or contributions v	with a total value	of more than	\$600 to any charity?					
	Gifts or contributions to charities that tot		ı contributed	Dates	you	Value					
	more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	, , , , , , , , , , , , , , , , , , , ,			ibuted						

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	btor 1 Joshua Ryan Cromer btor 2 Donna Williams Cromer	Cas	se number (if known)	
Par	rt 6: List Certain Losses			
15.	Within 1 year before you filed for bankrupt or gambling?	ccy or since you filed for bankruptcy, did you	ı lose anything because of th	eft, fire, other disaster,
	✓ NoYes. Fill in the details.			
	how the loss occurred	Describe any insurance coverage for the loss include the amount that insurance has paid. List insurance claims on line 33 of Schedule A/B: Property of the state	pending	Value of property lost
Par	rt 7: List Certain Payments or Transfers			
16.	consulted about seeking bankruptcy or pr Include any attorneys, bankruptcy petition pre	ccy, did you or anyone else acting on your be eparing a bankruptcy petition? eparers, or credit counseling agencies for service.		
	✓ Yes. Fill in the details. Person Who Was Paid	Description and value of any propert	y Date payment or	Amount of
	Address Email or website address Person Who Made the Payment, if Not Yo	transferred	transfer was made	payment
	Stephen D. Ling Ling & Farran	C13 Bankruptcy	November 2016	\$500.00
	Abacus Credit Counseling	Credit Counseling	October 2016 by Ling & Farran	\$25.00
17.		acy, did you or anyone else acting on your betors or to make payments to your creditors? ou listed on line 16.		erty to anyone who
	✓ No✓ Yes. Fill in the details.			
	Person Who Was Paid Address	Description and value of any propert transferred	Date payment or transfer was made	Amount of payment
18.	transferred in the ordinary course of your	made as security (such as the granting of a secu		
	Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
	Person's relationship to you		para in exeriange	
19.	beneficiary? (These are often called <i>asset-p</i> No	uptcy, did you transfer any property to a self rotection devices.)	-settled trust or similar device	e of which you are a
	Yes. Fill in the details. Name of trust	Description and value of the property	y transferred	Date Transfer was made

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	ebtor 1 Joshua Ryan Cromer ebtor 2 Donna Williams Cromer			Case numbe	er (if known)						
Pai	rt 8: List of Certain Financial Accounts, In	struments, Safe Deposit	Boxes, and Sto	orage Units							
20.	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, chouses, pension funds, cooperatives, asso	or other financial accour	nts; certificates	of deposit;							
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accourant instrument	(Date account was closed, sold, moved, or transferred	Last balance before closing or transfer					
21.	Do you now have, or did you have within 1 cash, or other valuables? No Yes. Fill in the details.	year before you filed for	bankruptcy, an	y safe depo	osit box or other deposi	tory for securities,					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe th	ne contents	Do you still have it?					
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Ves. Fill in the details.										
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe th	ne contents	Do you still have it?					
	rt 9: Identify Property You Hold or Control										
23.	Do you hold or control any property that so for someone. No Yes. Fill in the details.	meone else owns? Inclu	ide any property	y you borro	wed from, are storing f	or, or hold in trust					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe th	ne property	Value					
Pai	rt 10: Give Details About Environmental Inf	ormation									
y	Environmental law means any federal, state toxic substances, wastes, or material into t regulations controlling the cleanup of these Site means any location, facility, or propert to own, operate, or utilize it, including disport and the second material means anything an environmental means anything an environmental means anything and proceedings the cort all notices, releases, and proceedings the	e, or local statute or regulate air, land, soil, surface substances, wastes, or y as defined under any estates. Fironmental law defines and or similar term.	e water, groundy r material. environmental la as a hazardous	water, or ot aw, whether waste, haza	her medium, including a ryou now own, operate ardous substance, toxic	statutes or					
·	Has any governmental unit notified you tha			•		nental law?					
	✓ NoYes. Fill in the details.										
	Name of site Address (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)		mental law, if you	Date of notice					

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Debt	•		Case number (if known)	
	Have you notified any governmental unit of	any release of hazardous meterial?		
). г		any release of nazardous material?		
1	✓ No Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
6 H	Have you been a party in any judicial or adr	,	onmental law? Include settlement	s and orders
J		g under any onthe		
	✓ No ✓ Yes. Fill in the details.			
	Case Title	Court or agency	Nature of the case	Status of the
	Case Number	Name Address (Number, Street, City, State and ZIP Code)		case
art	11: Give Details About Your Business or	Connections to Any Business		
7. V	Nithin 4 years before you filed for bankrup	tcv. did you own a business or have any	of the following connections to a	any business?
		in a trade, profession, or other activity,	_	,
		pany (LLC) or limited liability partnershi	•	
	A partner in a partnership	, , , , , , , , , , , , , , , , , , , ,	- (· <i>)</i>	
	An officer, director, or managing ex	vecutive of a corporation		
		ng or equity securities of a corporation		
Г	_			
[1	No. None of the above applies. Go to			
L	Business Name	I in the details below for each business. Describe the nature of the business	Employer Identification num	her
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Securi	
	Million O			alada all Caracial
	Nithin 2 years before you filed for bankrupt nstitutions, creditors, or other parties.	tcy, ald you give a financial statement to	o anyone about your business? in	ciude ali financiai
[No			
L	Yes. Fill in the details below.	Data lacuad		
	Name Address	Date Issued		
	(Number, Street, City, State and ZIP Code)			
Part	12: Sign Below			
re tr	e read the answers on this <i>Statement of Fin</i> ue and correct. I understand that making a a bankruptcy case can result in fines up to S.C. §§ 152, 1341, 1519, and 3571.	false statement, concealing property, o	r obtaining money or property by	
/s/ J	oshua Ryan Cromer	/s/ Donna Williams Crome	r	
Josł	nua Ryan Cromer	Donna Williams Cromer		
Sign	ature of Debtor 1	Signature of Debtor 2		
Date	November 10, 2016	Date November 10, 2016	<u> </u>	
oid yo		ent of Financial Affairs for Individuals F	iling for Bankruptcy (Official Form	ı 107)?
id v	ou pay or agree to pay someone who is no	t an attorney to help you fill out bankrui	otcy forms?	
No.		street, to help you in out bulletu	,	
	es. Name of Person Attach the Bankru	uptcy Petition Preparer's Notice, Declaration	n, and Signature (Official Form 119)	

United States Bankruptcy Court Middle District of North Carolina

in re	Donna Williams Cromer		Case No.	
		Debtor(s)	Chapter	13
	VER	IFICATION OF CREDITOR	MATRIX	
Γhe ab	ove-named Debtors hereby verify t	that the attached list of creditors is true and co	orrect to the best	of their knowledge.
Date:	November 18, 2016	/s/ Joshua Ryan Cromer		
		Joshua Ryan Cromer Signature of Debtor		
Date:	November 18, 2016	/s/ Donna Williams Cromer		

Signature of Debtor

Joshua Ryan Cromer

Ashley Sojka P.O. Box 900006 Raleigh, NC 27675

Badcock Home Furniture & More Attn: Bankruptcy P.O. Box 724 Mulberry, FL 33860

Cach LLC c/o Amber K. Kauffman Sessoms & Rogers, P.A. P.O. Box 52508 Durham, NC 27717

Capital One Bank Attn: Bankruptcy Dept. P.O. Box 30285 Salt Lake City, UT 84130-0285

Care Credit/Synchrony Bank Attn: Bankruptcy Dept. P.O. Box 965064 Orlando, FL 32896-5064

Chrome Capital 3073 S Horseshoe Drive, Suite 206 Naples, FL 34104

Collection Pros 12924 Pierce Street, #101 Pacoima, CA 91331

Consumer Portfolio Services Attn: Bankruptcy 19500 Jamboree Road Irvine, CA 92612

Credit One Bank NA Attn: Bankruptcy Dept. P.O. Box 98873 Las Vegas, NV 89193-8873 Employment Security Commission Tax Dept P.O. Box 26504 Raleigh, NC 27611-6504

Fingerhut 6250 Ridgewood Road Saint Cloud, MN 56303-0820

First National Credit Card/Legacy Bank Attn: Bankruptcy Department P.O. Box 5097 Sioux Falls, SD 57117

First Premier Bank Attn: Bankruptcy Department 601 S. Minneapolis Avenue Sioux Falls, SD 57104

First Savings Credit Card Attn: Bankruptcy Dept P.O. Box 5096 Sioux Falls, SD 57117-5096

First Savings Credit Card Attn: Bankruptcy Dept P.O. Box 5019 Sioux Falls, SD 57117-5019

FirstPoint Collection Resources P.O. Box 26140 Greensboro, NC 27402-6140

Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346

Kohls/Capital One, NA Attn: Bankruptcy Dept. P.O. Box 3120 Milwaukee, WI 53201-3120

Lendmark Financial Services 400 E. Hanes Mill Road Winston-Salem, NC 27105-9136

Maurices/Comenity Bank AttnL Bankruptcy Department P.O. Box 182125 Columbus, OH 43218-2125

Merrick Bank Attn:Bankruptcy Dept. P.O. Box 9201 Old Bethpage, NY 11804-9201

Monroe & Main 1112 Seventh Avenue Monroe, WI 53566

NC Dept of Revenue Attn: Bankruptcy Unit P.O. Box 1168 Raleigh, NC 27640-0001

One Main Financial Attn: Bankruptcy Dept. P.O. Box 6042 Sioux Falls, SD 57117-6042

Santander Consumer USA c/o NC Management Service 1 Alllied Drive Trevose, PA 19053

Stokes County Tax Dept. P.O. Box 57 Danbury, NC 27016

Time Warner Cable c/o CBE Group, Inc. P.O. Box 900 Waterloo, IA 50704

TJ Max/Synchrony Bank Attn: Bankruptcy Dept. P.O. Box 965064 Orlando, FL 32896-5064

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Verve Card/Mid America Bank & Trust Attn: Bankruptcy Dept P.O. Box 31292 Tampa, FL 33631-3292

Victoria Secret/Comenity Bank Attn: Bankruptcy P.O. Box 182125 Columbus, OH 43218

Fill in this information to identify your case:						
Debtor 1	Joshua Ryan Cromer					
Debtor 2 (Spouse, if filing)	Donna Williams Cromer					
United States E	United States Bankruptcy Court for the: Middle District of North Carolina					
Case number (if known)						

Check as directed in lines 17 and 21:							
According to the calculations required by this Statement:							
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).							
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).							
3. The commitment period is 3 years.							
Check if this is an amended filing							

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. ✓ Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 3,828.46 3,033.33 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not 0.00 0.00 filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm 0.00 \$ Gross receipts (before all deductions) 0.00 -\$ Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ Debtor 1 6. Net income from rental and other real property 0.00 \$ Gross receipts (before all deductions) 0.00 -\$ Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Debto				Case numb	oer (<i>if known</i>)		
			=		,	-	
				Column A	١	Column B	
				Debtor 1		Debtor 2 o	
7	Interest, dividends, and royalties			\$	0.00	\$	0.00
	Unemployment compensation			\$	0.00	\$	0.00
	Do not enter the amount if you contend that the Social Security Act. Instead, list it here:	the amount received was a	a benefit und	er	0.00	· · · ·	
	For you	\$	0.00				
	For your spouse		0.00				
9.	Pension or retirement income. Do not include benefit under the Social Security Act.		hat was a	\$	0.00	\$	0.00
10.	Income from all other sources not listed a Do not include any benefits received under t received as a victim of a war crime, a crime a domestic terrorism. If necessary, list other so total below.	he Social Security Act or pagainst humanity, or intern	ayments ational or	\$	0.00	\$	0.00
				\$	0.00	\$	0.00
	Total amounts from separate pages	s, if any.		+ \$	0.00	\$	0.00
11.	Calculate your total average monthly inco each column. Then add the total for Column			3,033.33	+ \$ _	3,828.46	= \$ 6,861.79
							Total average monthly income
Part	2: Determine How to Measure Your D	eductions from Income					monthly moonic
	Copy your total average monthly income Calculate the marital adjustment. Check o You are not married. Fill in 0 below. You are married and your spouse is filing You are married and your spouse is no Fill in the amount of the income listed in	ne: ng with you. Fill in 0 below. t filing with you. n line 11, Column B, that w	as NOT regu	ılarly paid for	the house	hold expense	
	dependents, such as payment of the sp Below, specify the basis for excluding the	•					•
	adjustments on a separate page.	O halam					
	If this adjustment does not apply, enter	U below.	\$				
			\$ -				
			+\$				
	Total		\$	0.	00 c	opy here=>	0.00
14.	Your current monthly income. Subtract I	ine 13 from line 12.					\$6,861.79
15.	Calculate your current monthly income	for the year. Follow these	steps:				
	15a. Copy line 14 here=>						\$6,861.79
	Multiply line 15a by 12 (the number of						x 12
	15b. The result is your current monthly inc	come for the year for this pa	art of the for	m			\$82,341.48

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Donna Williams Cromer Debtor 2 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. NC 2 16b. Fill in the number of people in your household. 55,028.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) Copy your total average monthly income from line 11. \$ 6.861.79 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 19b. Subtract line 19a from line 18. 6,861.79 20. Calculate your current monthly income for the year. Follow these steps: 6,861.79 20a. Copy line 19b Multiply by 12 (the number of months in a year). x 12 82.341.48 20b. The result is your current monthly income for the year for this part of the form 55,028.00 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Joshua Ryan Cromer X /s/ Donna Williams Cromer Joshua Ryan Cromer **Donna Williams Cromer** Signature of Debtor 1 Signature of Debtor 2 Date November 10, 2016 Date November 10, 2016 MM / DD / YYYY MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Joshua Ryan Cromer

Debtor 1

Fill in	this information	to identify your case:	
Debtor	r 1 Josh u	ıa Ryan Cromer	
Debtor (Spous	r 2 Donna se, if filing)	a Williams Cromer	
United	l States Bankrupto	cy Court for the: Middle District of North Carolina	
Case r (if know	number wn)	Check if	this is an amended filing
Official	I Form 122C-2		
Cha	pter 13 C	alculation of Your Disposable Income	04/10
		u will need your completed copy of <i>Chapter 13 Statement of Your Current Monthly Ind</i>	come and Calculation of
space i additio	is needed, attacl onal pages, write	curate as possible. If two married people are filing together, both are equally respons ha separate sheet to this form, Include the line number to which additional informatic your name and case number (if known).	
Part 1	Calculate Y	Your Deductions from Your Income	
the	questions in line	ue Service (IRS) issues National and Local Standards for certain expense amounts. Uses 6-15. To find the IRS standards, go online using the link specified in the separate in the available at the bankruptcy clerk's office.	
expe	enses if they are I	amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you higher than the standards. Do not include any operating expenses that you subtracted from deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C	income in lines 5 and 6 of Form
If yo	our expenses diffe	er from month to month, enter the average expense.	
Note	e: Line numbers 1	I-4 are not used in this form. These numbers apply to information required by a similar form	used in chapter 7 cases.
5.	The number of	people used in determining your deductions from income	
	plus the number	er of people who could be claimed as exemptions on your federal income tax return, of any additional dependents whom you support. This number may be different from eople in your household.	2
Nati	ional Standards	You must use the IRS National Standards to answer the questions in lines 6-7.	
6.		, and other items: Using the number of people you entered in line 5 and the IRS National the dollar amount for food, clothing, and other items.	\$1,083.00
7.	the dollar amour people who are	health care allowance: Using the number of people you entered in line 5 and the IRS Nation to for out-of-pocket health care. The number of people is split into two categoriespeople where of or olderbecause older people have a higher IRS allowance for health car costs. If your IRS amount, you may deduct the additional amount on line 22.	no are under 65 and

Official Form 22C-2

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Donna Williams Cromer Debtor 2 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 2 7c. Subtotal. Multiply line 7a by line 7b. 108.00 Copy here=> \$ 108.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 130 7e. Number of people who are 65 or older 7f. Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> 0.00 7g. **Total.** Add line 7c and line 7f 108.00 Copy total here=> 108.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: ✓ Housing and utilities - Insurance and operating expenses ✓ Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 497.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 767.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment -NONE-Copy Repeat this amount 0.00 0.00 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Сору Subtract line 9b (total average monthly payment) from line 9a (mortgage 767.00 767.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why:

Joshua Ryan Cromer

Debtor 1

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Donna Williams Cromer Debtor 2 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 440.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Describe Vehicle 1: Vehicle 1 2012 Acura MDX 13a. Ownership or leasing costs using IRS Local Standard..... 471.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment **Consumer Portfolio Services** 521.32 Repeat this Copy amount on Total Average Monthly Payment \$ 521.32 521.32 here => Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 0.00 0.00 \$ Vehicle 2 Describe Vehicle 2: 2003 Chevrolet Silverado 1500 13d. Ownership or leasing costs using IRS Local Standard..... 471.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment **Lendmark Financial Services** 156.53 Copy Repeat this here amount on line Total average monthly payment 156.53 156.53 => 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 314.47 314.47 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

Joshua Ryan Cromer

Debtor 1

Debtor 1
Debtor 2
Donna Williams Cromer
Case number (if known)

Oth		In addition to the expense the following IRS categor		ns listed above	, you are allowed your monthly expenses	s for	
16.	Taxes: The total monthly an self-employment taxes, soci your pay for these taxes. Ho and subtract that number from	\$	1,461.76				
	Do not include real estate, s					Ψ	
17.	Involuntary deductions: The contributions, union dues, and		eductions t	hat your job re	quires, such as retirement		
			job, such a	as voluntary 40	01(k) contributions or payroll savings.	\$	0.00
18.	filing together, include paym	ents that you make for your de	ur spouse	's term life insu	e insurance. If two married people are urance. g spouse's life insurance, or for any form	\$	2.64
19.	Court-ordered payments:				by the order of a court or		
	administrative agency, such Do not include payments on				You will list these obligations in line 35.	\$	300.00
20.	Education: The total month	-			_		
		b, or			·	•	0.00
	for your physically or me	ntally challenged depend	ent child if	no public educ	cation is available for similar services.	\$	0.00
21.	Childcare: The total monthly Do not include payments for			•	sitting, daycare, nursery, and preschool.	\$	0.00
22.	that is required for the health by a health savings account	n and welfare of you or you. Include only the amount	ur depend that is mo	ents and that in the total in the total in the total end of the total end		\$	0.00
	Payments for health insuran	· ·			•	Ψ	
	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.						
24.	Add all of the expenses all Add lines 6 through 23.	lowed under the IRS exp	ense allo	wances.		\$	5,035.87
Add	litional Expense Deductions	These are additiona Note: Do not include					
25.					nses. The monthly expenses for health oly necessary for yourself, your spouse, o	r	
	Health insurance		\$	718.09			
	Disability insurance		\$	17.94			
	Health savings account		+ \$	25.00			
	Total		\$	761.03	Copy total here=>	\$	761.03
		otal amount?	\$	761.03	Copy total here=>	<u></u> \$\$	761.03
	Do you actually spend this to		\$	761.03	Copy total here=>	\$	761.03
26.	Do you actually spend this to No. How much do you Yes Continued contributions to continue to pay for the reason	ou actually spend? o the care of household onable and necessary car of your immediate family was a second to the care of the	\$ or family e and supply who is una	members. The port of an elder ble to pay for s	e actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may	\$\$	761.03
	Do you actually spend this to No. How much do you Yes Continued contributions to continue to pay for the reaso your household or member of include contributions to an a Protection against family of	ou actually spend? The care of household on the care of household on the care of your immediate family occount of a qualified ABL violence. The reasonably	\$ or family e and sup who is una E program necessary	members. The cort of an elder ble to pay for solution. 26 U.S.C. § 5 monthly expe	e actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may		

Add lines 25 through 31. Deductions for Debt Payment 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Mortgages on your home Average month payment 33a. Copy line 9b here Loans on your first two vehicles 33b. Copy line 13b here 33c. Copy line 13b here 33d. List other secured debts: Name of each creditor for other secured debt Identify property that secures the debt Does payment include taxes or insurance? No Yes \$	ebtor 1 ebtor 2	Donna Williams Cromer	Case numl	ber (if known)		
8, then fill in the excess amount of home energy costs You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42° per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. **Subject to adjustment on 401/19, and every 3 years after that for cases begun on or after the date of adjustment. **Additional food and clothing expense.**The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the RS National Standards. **To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the benkruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. **Subject to find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the benkruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. **Subject to the food and clothing expenses are higher than the additional amount claimed is reasonable and necessary. **Subject to the food and clothing expenses are higher than the combination of the secured cloth instruments to a religious or charitable organization. If U.S.C. § \$48(d)(3) and (4). Do not include any amount more than 15% of your gross monthly income. **Subject to the additional expense deductions.** **Rod debts that are secured by an interest in property that yo			ne energy costs are included in your insurance and	l operating expenses on		
amount claimed is reasonable and necessary. Securities represely for dependent children who are younger than 18. The monthly expenses (not more than \$16.0.42" per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. **Subject to algustment on 40/11/9, and every 3 years after that for crases begun on or after the date of adjustment. **Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of your gross monthly income instructions for the food and clothing allowances in the Bon that the parkutptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. **Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S. C. \$548(d)(3) and (4). Do not include any amount more than 15% of your gross monthly income. **Satisfy the food and clothing expenses deductions. Add all of the additional expense deductions. Add all of the additional expense deductions. Add lines 25 through 31. **Deductions for Debt Payment 33. For debts that are secured by an interest in property that you own, including home mortgages, veh				cluded in expenses on line	е	
\$ 160.42" per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your cases trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. * Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 1f U.S.C. § 548(0)(3) and (4). Do not include any amount more than 15% of your gross monthly income. \$				that the additional	\$	0.
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instruments to a religious or charitable organization. 11 Ú.S.C. § 548(d)(3) and (4). Do not include any amount more than 15% of your gross monthly income. \$,	You must show that the additional amount o	claimed is reasonable and necessary.		\$	0.
32. Add all of the additional expense deductions. Add lines 25 through 31. Deductions for Debt Payment 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Mortgages on your home 33a. Copy line 9b here Loans on your first two vehicles 33b. Copy line 13b here Sophine 13b here Copy line 13b here Sophine 15c here Sophine 15c here secured debts: Name of each creditor for other secured debt Identify property that secures the debt Does payment include taxes or insurance? No Yes Sophine Sophine No Yes Sophine Sophine No Yes Sophine Sop				form of cash or financial		
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33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Mortgages on your home 33a. Copy line 9b here			tions.		Ψ	001.03
loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Mortgages on your home Saa. Copy line 9b here	Dedu	ctions for Debt Payment				
Loans on your first two vehicles 33b. Copy line 13b here		reditor in the 60 months after you file for bar		each seculeu		
Loans on your first two vehicles 33b. Copy line 13b here	33a	Copy line 9h here		=>		0.00
33b. Copy line 13b here	, , ,				*	0.00
33d. List other secured debts: Name of each creditor for other secured debt Badcock Home Furniture & More Household goods No Yes \$ Yes \$	33b.	•		=>	\$	521.32
All List other secured debts: Name of each creditor for other secured debt Identify property that secures the debt Does payment include taxes or insurance? No Yes \$ No Yes \$ No Yes \$ Copy					<u> </u>	156.53
Name of each creditor for other secured debt Identify property that secures the debt Does payment include taxes or insurance?					Ψ	130.33
Badcock Home Furniture & More Household goods No Yes \$ No Yes \$ No Yes \$ No Yes \$ Copy			Identify property that accuracy the daht	Deed novement		
Badcock Home Furniture & More Household goods	vame	e of each creditor for other secured debt	identity property that secures the debt	include taxes		
Badcock Home Furniture & More Household goods				√ No		
		Badcock Home Furniture & More	Household goods	<u>—</u>	\$	35.00
□ No □ Yes +\$ □ Copy				☐ No		
Yes +\$				Yes	\$	
Сору				☐ No		
				Yes	+\$	
					·	
33e Total average monthly payment. Add lines 33a through 33d \$\frac{12.85}{here=>}\$\$ 71	33e	Total average monthly payment. Add lines	s 33a through 33d	712 85 total	·	712.85

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Debtor 1 **Donna Williams Cromer** Debtor 2 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? State any amount that you must pay to a creditor, in addition to the payments Yes. listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt **Total cure amount** Monthly cure amount -NONE- $\div 60 = \$$ Copy total \$ 0.00 0.00 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ✓ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims_____ 4,998.00 ÷60 \$ 83.30 36. Projected monthly Chapter 13 plan payment 855.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 6.50 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 55.58 55.58 here=> \$ Average monthly administrative expense 851.73 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 5,035.87 expense allowances Copy line 32, All of the additional expense deductions 881.03 Copy line 37, All of the deductions for debt payment 851.73 6,768.63 6,768.63 Total deductions..... Copy total here=>

Joshua Ryan Cromer

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otor 1 otor 2			ns Cromer				Case r	number	(if known)			
rt 2:	Determi	ne Yo	ur Disposable Income	Under 11 U.S.C. § 13	25(b	o)(2)						
			rrent monthly income Current Monthly Inco				d			\$		6,861.79
ch dis red	ildren. The ability payn eived in ac	montl nents t corda	bly necessary income nly average of any child for a dependent child, rence with applicable non ended for such child.	support payments, fos eported in Part I of Fori	ter c n 12	are payments, or 2C-1, that you	r	\$	(0.00		
em in	ployer with	held fr 541(b	retirement deductions om wages as contributi)(7) plus all required re C. § 362(b)(19).	ons for qualified retirer	nent	plans, as specific		\$	66	6.73		
2. To	tal of all de	ducti	ons allowed under 11	U.S.C. § 707(b)(2)(A).	Сор	y line 38 here	=>	\$	6,768	3.63		
ex	enses and ir expenses	you h s. You	cial circumstances. If save no reasonable alte must give your case tradocumentation for the e	rnative, describe the spustee a detailed explan	ecia	l circumstances	and					
escri	be the spe	cial c	ircumstances			Amount of ex	pen	se				
						\$						
						\$ \$						
				Total	\$_	0.00		Copy here=	>\$	0.0	00_	
4. To	tal adjustm	ients.	Add lines 40 through 4	3		=>	\$		6,835.36	Copy here=>	· - \$	6,835.36
5. C a	ı		nthly disposable inco	me under § 1325(b)(2)	. Sul	otract line 44 fron	n line	e 39.		\$		26.43
6. Ch ha tim yo	ange in ind ve changed e your case u filed your	or are will be	or expenses. If the ince virtually certain to cha e open, fill in the inform n, check 122C-1 in the in when the increase of	nge after the date you nation below. For exam first column, enter line	filed ple, i 2 in	your bankruptcy if the wages report the second colur	petit petit orted nn, e	tion ar increa	nd during the ased after			
orm	Line		Reason for change			Date of chan	ge		crease or ecrease?	Amou	nt of change	
122 122	C-1 C-2 C-1								Increase Decrease Increase	\$		

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Debtor 1 Debtor 2	Joshua Ryan Cromer Donna Williams Cromer	Case number (if known)				
Part 4:	Sign Below					
	By signing here, under penalty of perjury you declare that the infor					
-	/s/ Joshua Ryan Cromer Joshua Ryan Cromer Signature of Debtor 1	Х	/s/ Donna Williams Cromer Donna Williams Cromer Signature of Debtor 2			
	MM / DD / YYYY	Date	November 10, 2016 MM / DD / YYYY			

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:		Liquidation	
\$24	5	filing fee	_
\$75	5	administrative fee	
+ \$1	5	trustee surcharge	
\$33	5	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form

s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of North Carolina

In 1	Joshua Ryan Cromer Donna Williams Cromer		Case No.			
		Debtor(s)	Chapter	13		
	DISCLOSURE OF COMPE			` ,		
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:					
	For legal services, I have agreed to accept		\$	4,500.00		
	Prior to the filing of this statement I have received		\$	500.00		
	Balance Due		\$	4,000.00		
2.	\$310.00 of the filing fee has been paid.					
3. The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):					
4.	The source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
5.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm					
	rs or associates of my law firm. A tached.					
6.	In return for the above-disclosed fee, I have agreed to r	s of the bankruptcy	case, including:			
	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Preparation and filing of reaffirmation agreements as needed; and preparation and filing of motions for avoidance of liens, if any. 					
7.	By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any disadversary proceeding.			om stay actions or any other		
		CERTIFICATION				
this	I certify that the foregoing is a complete statement of arbankruptcy proceeding.	ny agreement or arrangement for	payment to me for	representation of the debtor(s) in		
_	November 18, 2016 Date	Is/ Stephen D. Ling Stephen D. Ling Signature of Attorne Ling & Farran 1515 W. Cornwal Greensboro, NC (336) 272-2157 F lingandfarran@b Name of law firm	05718 27 lis Drive, Suite 10 27408-6334 Fax: (336)273-560			